RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Thirteenth day of May A. D. 1852 Cora H. Clifford died, aged years, 9 months, 10 days, in at No. Street. Said person was a and, by occupation, a was born in N Chelsea and was the Daughter of George & Arabella Clifford

The disease, or cause of death, was Scarlet Fever

interred, or to be interred, in Winthrop

John Floyd *Informant.*

DATED, at Winthrop the 20 day of January A. D. 1853

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Thirteenth day of January A. D. 1855 Susanah Lloyd died, aged 2 years, 3 months, 5 days, in Kingston at No. Main Street. Said person was a American and, by occupation, a was born in Chelsea and was the Daughter of Philip & Lucy Lloyd

The disease, or cause of death, was Lung Fever

interred, or to be interred, in Kingston

John Lloyd *Informant.*

Dated at Kingston this A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Twelfth day of May A. D. 1853 Henry Tewksbury died, aged 76 years, 2 months, ____ days, in Winthrop at No. Winthrop Street. Said person was a American and, by occupation, a Farmer was born in Chelsea and was the Husband of Susannah Tewksbury

The disease, or cause of death, was Paralytick Fit

interred, or to be interred, in Winthrop

John Floyd *Informant.*

DATED, at Winthrop the twelfth day of June A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Third day of August A. D. 1853 Mary F. Bryant died, aged 2 years, 5 months, days, in Winthrop at No. Shirley Street. Said person was a American and, by occupation, a was born in East Boston and was the Daughter of James & Mary Bryant

The disease, or cause of death, was Palsy on the Brain

interred, or to be interred, in Winthrop

John Floyd *Informant.*

DATED, at Winthrop the twelfth day of Jan A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Twenty-seventh day of January A. D. 1854 Mary Cornick died, aged 3 years, 1 months, days, in Winthrop at No. Street. Said person was ~~a~~ Irish and, by occupation, a was born in S. Chelsea and was the Daughter of James & Mary Cornick

The disease, or cause of death, was Throat Distemper

interred, or to be interred, in South Boston.

John Floyd *Informant.*

DATED, at Winthrop the 27 day of Dec A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Twenty fourth day of April A. D. 1854 Hyacinth A. Belcher died, aged 4 years, 7 months, 7 days, in Winthrop at No. Winthrop Street. Said person was a and, by occupation, a was born in Chelsea and was the Son of James M. & Sarah Belcher

The disease, or cause of death, was of the Heart.

interred, or to be interred, in Winthrop Cemetery

John Siegel *Informant.*

DATED, at Winthrop the 27 day of Dec A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Seventh day of August A. D. 1854 David Vogel died, aged 57 years, 2 months, days, in Winthrop at No. Beach Street. Said person was married and, by occupation, a Farmer was born in Chelsea and was the Husband of Hannah Vogel

The disease, or cause of death, was Paralytick

interred, or to be interred, in Winthrop Cemetery

John Vogel *Informant.*

DATED, at Winthrop the 27. day of Dec A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the ~~Thirteenth~~ Twelfth day of August A. D. 1854 Lilly L. Floyd died, aged 3 years, ~~months~~, 1 days, in Winthrop at No. Shirley Street. Said person was a and, by occupation, a was born in Chelsea and was the Daughter of David, Lilly Floyd

The disease, or cause of death, was Croup

interred, or to be interred, in Winthrop Cemetery

Geo Floyd *Informant.*

DATED, at Winthrop the 27 day of Dec A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the twenty-eighth day of December A. D. 1854 Edgar H. Burrill died, aged ~~years~~, 3 ~~months~~, days, in Winthrop at No. Winthrop Street. Said person was a and, by occupation, a was born in Winthrop and was the son of Stephen & Susan Burrill

The disease, or cause of death, was Aneurism

interred, or to be interred, in Winthrop Cemetery

John Floyd *Informant.*

DATED, at Winthrop the 29 day of Dec A. D. 1854

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the day of

A. D. 18 died,

aged years, months, days, in at No.

Street. Said person was a and, by occupation, a

was born in and was the of

The disease, or cause of death, was

interred, or to be interred, in

Informant.

DATED, at the day of A. D. 18

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the [illegible] day of [illegible] A. D. 1860 Hasman [illegible] died, aged [illegible] years, [illegible] months, [illegible] days, in [illegible] at No. [illegible] [illegible] Street. Said person was a [illegible] and, by occupation, a [illegible] was born in [illegible] and was the [illegible] of [illegible]

The disease, or cause of death, was [illegible]

interred, or to be interred, in [illegible]

Informant.

DATED, at [illegible] the [illegible] day of [illegible] A. D. 18[illegible]

RETURN OF A DEATH.

I Be[illegible]ertify, as I am informed, that on the [illegible] day of March A. D. 18[illegible] [illegible] died, aged [illegible] years, months, days, in at No. Street. Said person was a and, by occupation, a as born in [illegible], New Brunswick and was the [illegible] of [illegible]

The disease, or cause of death, was [illegible]

[illegible]terred, or to be interred, in [illegible]

[illegible] *Informant.*

DATED, at [illegible] the [illegible] day of [illegible] A. D. 18[illegible]

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Eighteenth day of
July A. D. 18 7 Josiah R. George died,
aged 24 years, 0 months, days, in at No.
Street. Said person was a and, by occupation, a
was born in Newbury and was the Wife of Gideon George

The disease, or cause of death, was Consumption
Interred, or to be interred, in Newbury Cem.

Helen George
Informant.

DATED, at Newburyp the 0 day of Feb A. D. 1862

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the [illegible] day of [illegible] A. D. 18[illegible] [illegible] died,

ed 32 years, months, 1 days, in at No.

Street. Said person was a and, by occupation, a

as born in [illegible] and was the [illegible] of [illegible]

The disease, or cause of death, was [illegible]

terred, or to be interred, in [illegible]

[illegible] *Informant.*

DATED, at [illegible] the [illegible] day of [illegible] A. D. 18[illegible]

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the [illegible] day of November A. D. 1861 Mary E. [illegible] died, aged 11 years, 10 months, 9 days, in [illegible] at No. [illegible] Street. Said person was a [illegible] and, by occupation, a [illegible] as born in [illegible] and was the daughter of [illegible]

The disease, or cause of death, was [illegible]

Interred, or to be interred, in [illegible]

[illegible] *Informant.*

DATED, at [illegible] the [illegible] day of [illegible] A. D. 18[illegible]

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the [illegible] day of [illegible] A. D. 18[illegible] [illegible] died,
[illegible]ed years, [illegible] months, [illegible] days, in at No.
Street. Said person was a and, by occupation, a
[illegible]as born in [illegible] and was the [illegible] of [illegible]

The disease, or cause of death, was [illegible]
[illegible]terred, or to be interred, in [illegible]

[illegible] *Informant.*

DATED, at [illegible] the [illegible] day of [illegible] A. D. 18[illegible]

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the [illegible] day of [illegible] A. D. 18[illegible] [illegible] died, [illegible]ed years, months, [illegible] days, in [illegible] at No. Street. Said person was a and, by occupation, a [illegible] s born in [illegible] and was the [illegible] of [illegible]

The disease, or cause of death, was [illegible]

[illegible]terred, or to be interred, in [illegible]

[illegible] *Informant.*

DATED, at [illegible] the [illegible] day of [illegible] A. D. 18[illegible]

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Eleventh day of March A. D. 1862 Mary Wyman died, ed 77 years, 6 months, days, in at No. Street. Said person was a and, by occupation, a s born in Boston and was the Wife of Elijah Wyman

The disease, or cause of death, was Consumption

erred, or to be interred, in Winthrop Cemetery

John Floyd *Informant.*

DATED, at Winthrop the 1st Jan day of Jan A. D. 1863

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Eleventh day of May A. D. 1862 Joshua T. Tewksbury died, aged 3 years, 11 months, ____ days, in ____ at No. ____ Street. Said person was a ____ and, by occupation, a ____ was born in Winthrop and was the Son of Charles & Nancy Tewksbury

The disease, or cause of death, was Scarlet Fever

Interred, or to be interred, in Winthrop Cemetery

John Floyd *Informant.*

DATED, at Winthrop the 1st ~~Jan~~ day of Jan A. D. 1863

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Eighteenth day of May A. D. 1862 Arzilla Magee died, ed 4 years, 11 months, 9 days, in at No. Street. Said person was a and, by occupation, a as born in Winthrop and was the Daughter of Edward & Caroline Magee

The disease, or cause of death, was Scarlet Fever terred, or to be interred, in Winthrop Cemetery

John H. Lloyd *Informant.*

DATED, at Winthrop the 1st day of Jan A. D. 1863

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Twenty third day of May A. D. 1862 John William Tewksbury died, ;ed 7 years, 6 months, 21 days, in at No. Street. Said person was a and, by occupation, a as born in Winthrop and was the Son of Charles & Nancy Tewksbury

The disease, or cause of death, was Scarlet Fever

terred, or to be interred, in Winthrop Cemetery

John Floyd Informant.

DATED, at Winthrop the 1st day of Jan A. D. 1863

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the First day of July A. D. 1862 William W Shaw died, aged 32 years, 10 months, days, in at No. Street. Said person was a and, by occupation, a was born in E. Chelsea and was the Son of Ebenezer Shaw

The disease, or cause of death, was Consumption

Interred, or to be interred, in Winthrop Cemetery

John Floyd *Informant.*

DATED, at Winthrop the 1 day of Jan A. D. 1863

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Twenty third day of August A. D. 1852 Clara L. Henderson died, ed 30 years, months, days, in at No. Street. Said person was a and, by occupation, a s born in S. Brunswick and was the Wife of C. F. Henderson

The disease, or cause of death, was Consumption

erred, or to be interred, in Winthrop Cemetery

John F. Ford *Informant.*

DATED, at Winthrop the 10 day of Jan A. D. 1853

2

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Twentyfirst day of October A. D. 1852 Rachel Belcher died, d 77 years, 7 months, days, in — at No. Street. Said person was a and, by occupation, a 3 born in Winthrop and was the Daughter of Joseph & Rachel Belcher

The disease, or cause of death, was ~~Fagratis~~ Paralysis

erred, or to be interred, in Winthrop Cemetery.

John Floyd *Informant.*

DATED, at Winthrop the 13 day of Jan A. D. 1853

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Fifteenth day of January A. D. 1853 Ann E. Tinksbury died, 52 years, 2 months, days, in at No. Street. Said person was a and, by occupation, a born in Boston and was the Wife of James Tinksbury

The disease, or cause of death, was Drowned

Interred, or to be interred, in Mount Auburn Cemetery

John Hoyt Informant.

DATED, at Winthrop the 19 day of January A. D. 1853

RETURN OF A DEATH.

I Hereby Certify, as I am informed, that on the Sixth day of February A. D. 1863 Charles Turner died, d 55 years, months, days, in at No. Street. Said person was a and, by occupation, a born in Boston and was the of

The disease, or cause of death, was

erred, or to be interred, in Winthrop Cemetery.

John W. Floyd *Informant.*

DATED, at Winthrop the 4 day of February A. D. 1863

DEATHS

YEARS MISSING

1855-6-7-8-9

1864-5-6-7-8-9-

1870-1-2-3-4-5-6

1877-8-9

1882-(1)

NOT COMPLETE

DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Child
(Maiden Name,)*	
2. Date of Death,	March 22, 1868
3. Place of Death,	Winthrop
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	Female
6. Age,	Years, Months, Days,
7. Color,†	30 Minutes
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	
By whom certified,	
10. Place of Birth,	Winthrop
11. Place of Interment,	Harrison Tuttle
12. Name of Father,	Andrew Finigan
13. Birthplace of Father,	
14. Name of Mother,	Sarah Finigan
15. Birthplace of Mother,	
Signature of Undertaker or other person making the Return,	John Floyd

Dated at Winthrop, on 25 June 1868

* If a Married Woman or a Widow.

† (W) White. (A) African. (M) Mixed White and African. If of other Races specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

To the Clerk of the Town in which the Death occurred.

1. Name,	Emmie Tewksbury
(Maiden Name,)*	Morgan
2. Date of Death,	August 9 1863
3. Place of Death,	Winthrop
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	Widow
6. Age,	78 Years, ____ Months, ____ Days.
7. Color,†	
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	
By whom certified,	
10. Place of Birth,	
11. Place of Interment,	Winthrop Cemetery
12. Name of Father,	
13. Birthplace of Father,	
14. Name of Mother,	
15. Birthplace of Mother,	
Signature of Undertaker or other person making the Return,	John Floyd

Dated at Winthrop, on 25 Jan 1864

* If a Married Woman or a Widow.
†(W.) White (A.) African (M.) Mixed White and African If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Caroline A. Belcher
(Maiden Name,)*	Jinkings
2. Date of Death,	September 28 1863
3. Place of Death,	Winthrop
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	Married
6. Age,	31 Years, 2 Months, 24 Days.
7. Color,†	
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	
By whom certified,	Consumption
10. Place of Birth,	Kittery
11. Place of Interment,	Winthrop Cemetery
12. Name of Father,	James H. Jinkings
13. Birthplace of Father,	Elliot Maine
14. Name of Mother,	Lavina Jinkings
15. Birthplace of Mother,	York Maine
Signature of Undertaker or other person making the Return,	John Floyd

Dated at Winthrop, on 25 Jan 1864

* If a Married Woman or a Widow.
† (W.) White (A.) African (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Lydia Long
(Maiden Name,)*	Walker
2. Date of Death,	October 21, 1863
3. Place of Death,	Winthrop
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	Married
6. Age,	49 Years, 2 Months, ____ Days.
7. Color,†	
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	
By whom certified,	Consumption
10. Place of Birth,	
11. Place of Interment,	Winthrop Cemetery
12. Name of Father,	
13. Birthplace of Father,	
14. Name of Mother,	
15. Birthplace of Mother,	
Signature of Undertaker or other person making the Return,	John T. Loyd

Dated at Winthrop, on 25 Jan 1864

* If a Married Woman or a Widow.

†(W.) White (A.) African (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

Boston, Jan 12th 1864

This Certifies that Hiram Plumer

died on the 11th day of Jan 1864 aged 76 years,

9 months, — days.

CAUSE OF DEATH.	First, (in order of time)	Consumption	Duration,*
	Second,		Duration, Unknown

P. M. Crane Physician.

* Reckoned to the time of death.

Physicians' Certificates can be obtained on application at the City Registrar's Office, No. 6 City Hall Avenue.

J. E. Farwell & Co., City Printers, 32 Congress Street, Boston.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Frederick J Roby
(Maiden Name,)*	
2. Date of Death,	Nov 26 . 1867
3. Place of Death,	Winthrop
4. Residence,	Winthrop
5. Sex, and whether Single, Married, or Widowed,	Male Single
6. Age,	6 Years, 6 Months, 26 Days.
7. Color,†	W
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	Scarlet Fever
By whom certified,	Dr H. S. Soule
10. Place of Birth,	Winthrop
11. Place of Interment,	Winthrop
12. Name of Father,	Henry Roby
13. Birthplace of Father,	Eng
14. Name of Mother,	Mary Roby
15. Birthplace of Mother,	New Jersy
Signature of Undertaker or other person making the Return,	John Floyd Undertaker

Dated at Winthrop, on Jan 30 1867

* If a Married Woman or a Widow.

† (W.) White. (A.) African. (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Thomas Floyd
(Maiden Name,)*	
2. Date of Death,	Dec 10th 1867
3. Place of Death,	Winthrop
4. Residence,	Winthrop
5. Sex, and whether Single, Married, or Widowed,	Married
6. Age,	64 Years, 3 Months, Days.
7. Color,†	W
8. Occupation,	Farmer
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	Typhoid Fever
By whom certified,	Dr S. Ingalls
10. Place of Birth,	Chelsea
11. Place of Interment,	Winthrop
12. Name of Father,	David Floyd
13. Birthplace of Father,	Chelsea
14. Name of Mother,	Hannah Floyd
15. Birthplace of Mother,	Chelsea
Signature of Undertaker or other person making the Return,	John Floyd (Undertaker)

Dated at Winthrop, on Jan 30 1867

* If a Married Woman or a Widow.

† (W.) White (A.) African (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Ann Burrill
(Maiden Name,)*	Belcher
2. Date of Death,	January 27, 1867
3. Place of Death,	Winthrop
4. Residence,	Winthrop
5. Sex, and whether Single, Married, or Widowed,	Widowed
6. Age,	79 Years, 11 Months, 26 Days.
7. Color,†	W
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	
By whom certified,	Dr S Ingalls
10. Place of Birth,	Chelsea
11. Place of Interment,	Winthrop
12. Name of Father,	Nathaniel Belcher
13. Birthplace of Father,	
14. Name of Mother,	
15. Birthplace of Mother,	
Signature of Undertaker or other person making the Return,	John Floyd Undertaker

Dated at Winthrop, on Jan 30 1868

* If a Married Woman or a Widow.
†(W.) White (A.) African (M.) Mixed White and African If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Flora M Weston
(Maiden Name,)*	
2. Date of Death,	Jan 27 1867
3. Place of Death,	Winthrop
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	Female & Single
6. Age,	Years, 10 Months, Days.
7. Color,†	W
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	Scarlet Fever
Secondary, (if any,)	
By whom certified,	Dr S Ingalls
10. Place of Birth,	Winthrop
11. Place of Interment,	Winthrop
12. Name of Father,	Washburn Weston
13. Birthplace of Father,	Marshfield
14. Name of Mother,	Hannah Weston
15. Birthplace of Mother,	New Jersey
Signature of Undertaker or other person making the Return,	John Floyd Undertaker

Dated at Winthrop, on Jan 30 1868

* If a Married Woman or a Widow.

†(W.) White (A.) African (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Nancy B Belcher
(Maiden Name,)*	Belcher
2. Date of Death,	July 21. 1867
3. Place of Death,	Winthrop
4. Residence,	Winthrop
5. Sex, and whether Single, Married, or Widowed,	Female Single
6. Age,	17 Years, 18 Months, ____ Days.
7. Color,†	W
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	Sciatic Rheumatism
Secondary, (if any,)	
By whom certified,	Dr H S Soule
10. Place of Birth,	Chelsea
11. Place of Interment,	Winthrop
12. Name of Father,	Thomas J Belcher
13. Birthplace of Father,	Chelsea
14. Name of Mother,	Hannah B Belcher
15. Birthplace of Mother,	Chelsea
Signature of Undertaker or other person making the Return,	John Floyd Undertaker

Dated at Winthrop, on Jan 30 1868

* If a Married Woman or a Widow.

† (W.) White (A.) African (M.) Mixed White and African If of other Races, specify what

{Be very particular to fill all Blanks.}

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Mary A Martin
(Maiden Name,)*	Martin
2. Date of Death,	August 14. 1867
3. Place of Death,	Winthrop
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	Female Single
6. Age,	1 Years, 6 Months, Days.
7. Color,†	W
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	Dysentery
Secondary, (if any,)	
By whom certified,	Dr Ho S. Soule
10. Place of Birth,	East Boston
11. Place of Interment,	Dorchester
12. Name of Father,	Nicholas Martin
13. Birthplace of Father,	Ireland
14. Name of Mother,	Mary Martin
15. Birthplace of Mother,	Ireland
Signature of Undertaker or other person making the Return,	John Floyd Undertaker

Dated at Winthrop, on Jan 30 1868

* If a Married Woman or a Widow.
†(W.) White. (A.) African (M.) Mixed White and African If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

To the Clerk of the Town in which the Death occurred.

1. Name,	Emerline Sale
(Maiden Name,)*	
2. Date of Death,	Sept 17. 1867
3. Place of Death,	Winthrop
4. Residence,	Winthrop
5. Sex, and whether Single, Married, or Widowed,	Female Single
6. Age,	51 Years, 10 Months, Days.
7. Color,†	W
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	Cancer
Secondary, (if any,)	
By whom certified,	Dr H. P. Swan
10. Place of Birth,	Chelsea
11. Place of Interment,	Winthrop
12. Name of Father,	John Sale
13. Birthplace of Father,	Chelsea
14. Name of Mother,	Hannah Sale
15. Birthplace of Mother,	Townsend
Signature of Undertaker or other person making the Return,	John Floyd Undertaker

Dated at Winthrop, on Jan 30 1868

* If a Married Woman or a Widow.

† (W.) White (A.) African (M.) Mixed White and African. If of other Races, specify what.

(Be very particular to fill all Blanks.)

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	
(Maiden Name,)*	
2. Date of Death,	
3. Place of Death,	
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	
6. Age,	Years, Months, Days.
7. Color,†	
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	
By whom certified,	
10. Place of Birth,	
11. Place of Interment,	
12. Name of Father,	
13. Birthplace of Father,	
14. Name of Mother,	
15. Birthplace of Mother,	
Signature of Undertaker or other person making the Return,	

Dated at _____, on _____ 18__

* If a Married Woman or a Widow.

† (W.) White. (A.) African. (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

No. [illegible]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	[illegible]
(Maiden Name,)*	
2. Date of Death,	[illegible]
3. Place of Death,	[illegible]
4. Residence,	[illegible]
5. Sex, and whether Single, Married, or Widowed,	[illegible]
6. Age,	Years, Months, Days.
7. Color,†	[illegible]
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	
Secondary, (if any,)	[illegible]
By whom certified,	[illegible]
10. Place of Birth,	[illegible]
11. Place of Interment,	[illegible]
12. Name of Father,	[illegible]
13. Birthplace of Father,	
14. Name of Mother,	[illegible]
15. Birthplace of Mother,	
Signature of Undertaker or other person making the Return,	[illegible]

Dated at [illegible], on [illegible] 18

* If a Married Woman or a Widow.

† (W.) White. (A.) African. (M.) Mixed White and African. If of other Races specify who.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name, ...
   (Maiden Name,)* .
2. Date of Death, . . .
3. Place of Death, . .
4. Residence, . . .
5. Sex, and whether Single, Married, or Widowed,
6. Age, ... Years, ... Months, ... Days.
7. Color,† . . . .
8. Occupation, . . .
9. Disease or Cause of Death, . { First or Primary, . / Secondary, (if any,) / By whom certified,
10. Place of Birth, . .
11. Place of Interment, . .
12. Name of Father, . .
13. Birthplace of Father, .
14. Name of Mother, . .
15. Birthplace of Mother, .

Signature of Undertaker or other person making the Return, . . .

Dated at ..... on ..... 18 ..

* If a Married Woman or a Widow.

†(W.) White (A.) African (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name,	Lucy Robinson
(Maiden Name,)*	
2. Date of Death,	Sept 9 1869
3. Place of Death,	Winthrop
4. Residence,	
5. Sex, and whether Single, Married, or Widowed,	Married
6. Age,	49 Years, 3 Months, Days.
7. Color,†	W
8. Occupation,	
9. Disease or Cause of Death, — First or Primary,	Consumption
Secondary, (if any,)	
By whom certified,	Dr H. S. Soule
10. Place of Birth,	Wells Maine
11. Place of Interment,	Winthrop
12. Name of Father,	Samuel Robinson
13. Birthplace of Father,	Wells Maine
14. Name of Mother,	Mary Robinson
15. Birthplace of Mother,	Wells Maine
Signature of Undertaker or other person making the Return,	John Floyd (Undertaker)

Dated at Winthrop, on Jan 3 1867

* If a Married Woman or a Widow.

†(W.) White. (A.) African. (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Alan S. Grant Male

Date and Place of Death, . . June 27 1890 Wilbraham Mass

Disease, or Cause of Death, { *First or Primary,* Diphtheria *Duration of,** Three days

Secondary, . . . Strangulation *Duration of,* Few minutes

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, R. S. Soule M.D. Wilbraham

Dated at Wilbraham June 30 18 90

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF DEATH TO THE CITY REGISTRAR,

CITY HALL, BOSTON.

Date of Death, July 9 18 80

Name, James Finney Color,

Age, 1 years month 5 days

Place of Death / Street and No. Winthrop WARD

Residence, 56 Lincoln St Boston Sex, M Single, Married

Occupation, Wife of ~~Widow of~~

Birthplace,* Boston

Name of Father, Patrick J.

Name of Mother, Honora

Birthplace of Father,* Boston

Birthplace of Mother,* Ireland

Cause of Death, Primary, Chol Infantum Duration,

Cause of Death, Secondary, Duration,

Place of Interment, Dorchester

Date of Interment or Removal, July 11

Undertaker or Informant, John McCaffrey

*Insert Town and State.

Boston, July 9th 1880

This Certifies, that James Shiney

died on the 9th day of July 1880, aged one years;

months, five days.

CAUSE OF DEATH. Primary, Cholera Infantum Duration.

Secondary, Duration.

Edwd. T. Williams M.D. Physician.

Rockwell & Churchill, City Printers, 122 Washington St.

Rockwell & Churchill, City Printers, 122 Washington St.

Boston, 187

This Certifies, *that* Henry Eugene Stanley

died on the 18th *day of* July 187 , *aged* ..... *years,*

..... 8 *months,* 25 *days.*

CAUSE OF DEATH. { *Primary,* Cholera Infantum *Duration.*
Secondary, ... *Duration.*

Edwd. T. Williams M.D. *Physician.*

occurred.

1. Date of Death,	July 18 1880.
2. Name,	Henry E. Stanley
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	male — Single
4. Color, †	White
5. Age,	X Years, 5 Months, 25 Days.
6. Disease or Cause of Death, First or Primary	Cholera Infantum
Secondary (if any)	
By whom certified	
7. Residence,	Main St. Winthrop
8. Place of Death,	Sea Shore Home Main St.
9. Occupation,	
10. Place of Birth,	Boston Mass
11. Name of Father,	John Curtin
12. Name of Mother,	Nellie Stanley
13. Birthplace of Father,	Cut Boston, Mass
14. Birthplace of Mother,	Hubbardston Mass
15. Place of Interment,	Winthrop Town Cemetery strangers lot
Signature of Undertaker ~~or other person~~ making the Return,	Dunner Floyd

DATED at Winthrop, on July 19 1880.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Rockwell & Churchill, City Printers, 122 Washington St.

Boston, July 27th 1880

This Certifies, that Peter Gallagher

died on the 27th day of July 1880, aged 1 years,

6 months, days.

CAUSE OF DEATH. Primary, Cholera Infantum Duration.

Secondary, Duration.

Edwd. T. Williams M.D. Physician.

1. Date of Death,	Aug 21st 1880.
2. Name,	Annie E. Welch
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	X Years, 8 Months, 14 Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	At Sea Shore Home Winthrop
8. Place of Death,	" " " " "
9. Occupation,	—
10. Place of Birth,	Boston
11. Name of Father,	Thomas Welch
12. Name of Mother,	Mary Welch
13. Birthplace of Father,	St. John N. B.
14. Birthplace of Mother,	St. John N. B.
15. Place ~~of~~ Sepulchral Interment,	Town Receiving Tomb.
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on August 22nd 1880.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with t Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of t Town in which the Death occurred (or the deceased resided) having first been obtained, the per having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to sa Clerk. Penalty for neglect, twenty dollars.

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Annie Evelyn Welch.
Died Aug 21-1880
Aged 8 Mos-14 days
Burial from Winthrop to Roxbury & Mount Hope

Rockwell & Churchill, City Printers, 122 Washington St.

Winthrop ~~Boston,~~ Aug. 22 — 1880

This Certifies, *that* Annie Evelyn Welch

died on the 21 *day of* Aug. 1880, *aged* — ~~years,~~

8 *months,* 14 *days.*

CAUSE OF DEATH. { *Primary,* Measles, *Duration.* 1 wk
Secondary, Pneumonia & Bronchitis *Duration.* 2 wks.

Edwd. T. Williams M.D. *Physician.*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . . Arthur H. Ho's Female

Date and Place of Death, . . Aug 27th 1861 in Pittsburgh

Disease, or Cause of Death, { *First or Primary,* Cholera Infantum *Duration of,** Three days
Secondary, . . . Debility *Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, H. S. Swan M.D. Pittsburgh

Dated at Pittsburgh Aug 27 18 61.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 29 1880.
2. Name,	Bertha Willis
(Maiden Name),*	
3. Sex, and whether single. Married, or Widowed.	Female
4. Color, †	White
5. Age,	Years, 7 Months, 29 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Hermon St Winthrop
8. Place of Death,	Hermon St Winthrop
9. Occupation,	
10. Place of Birth,	Winthrop
11. Name of Father,	William P Willis
12. Name of Mother,	Mary Willis
13. Birthplace of Father,	Ireland N.H.
14. Birthplace of Mother,	London – England
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on August 30 1880.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Rockwell & Churchill, City Printers, 122 Washington St.

Boston, Sept 6. —— 1880

This Certifies, *that* John McCormack

died on the 6th *day of* Sept. 1880, *aged* 1 *years,*

2 *months,* —— *days.*

CAUSE OF DEATH. { *Primary,* Cholera Infantum *Duration.* 5 wk

~~*Secondary,*~~ ~~*Duration.*~~

Edwd. T. Williams M.D. *Physician.*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Nellie F. Taylor

Date and Place of Death, . . Sept 14 / 80 Thirlmere Ont.

Disease, or Cause of Death, { *First or Primary,* Pneumonia *Duration of,** 16 days

{ *Secondary,* . . . Tetanus *Duration of,* 7 days

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Samuel [illegible] M.D. [illegible] Ont.

Dated at Thirlmere Sept 19th 1880.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

Town in which the Death occurred.

1. Date of Death,	Sept 14 1880
2. Name,	Nellie F. Weston
(Maiden Name),*	
3. Sex, and whether single. Married, or Widowed.	Female
4. Color, †	White
5. Age,	10 Years, 6 Months, X Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified	
7. Residence,	Cor Pleasant & Lincoln St Winthrop Mass
8. Place of Death,	" " " "
9. Occupation,	
10. Place of Birth,	East Boston Mass
11. Name of Father,	Nathan Weston
12. Name of Mother,	Hannah E. Weston
13. Birthplace of Father,	Marshfield Mass
14. Birthplace of Mother,	New Jersey
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Sept 15 1880.

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Sex of Deceased, . .	Leonard C. Lukesbury, Male
Place of Death, . .	the 26th Dec Middlesex
Disease or cause of Death,	Chronic Insanity *Duration of,* two years

I certify that the above is true to the best of my recollection and belief.

Professional Title, and Residence, H. C. Lord M.D. Middlesex

Dated at Woodbridge Dec 27th 18[illegible]

[particular to fill all Blanks.]

* Reckoned to the time of death.

... the Town in which the Death occurred.

1. Date of Death,	December 26 1880
2. Name,	Leonard O. Tewksbury
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male (Married)
4. Color, †	White
5. Age,	44 Years, 5 Months, 20 Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop, (Point Shirley)
8. Place of Death,	Winthrop, (Point Shirley)
9. Occupation,	Fireman
10. Place of Birth,	Winthrop, (Point Shirley)
11. Name of Father,	Gary Tewksbury
12. Name of Mother,	Martha A. Tewksbury
13. Birthplace of Father,	Winthrop, (Point Shirley
14. Birthplace of Mother,	Winthrop,
15. Place of Interment,	Winthrop Town Cemetery.
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on December 27 1880.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Sex of Deceased, . . [illegible]

Date and Place of Death, . . [illegible]

Disease or cause of Death, [illegible] *Duration of,* [illegible]

I certify that the above is true to the best of my recollection and belief.

Name, Professional Title, and Residence, [illegible]

Dated at [illegible] 18 .

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	December 3rd 1880.
2. Name,	Ebenezer Burrill Jr.
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male (Unmarried)
4. Color, †	White
5. Age,	34 Years, 8 Months, 16 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Madison Ave Winthrop
8. Place of Death,	Madison Ave Winthrop
9. Occupation,	Farmer
10. Place of Birth,	East Boston Mass
11. Name of Father,	Ebenezer Burrill
12. Name of Mother,	Mary E. Burrill
13. Birthplace of Father,	Winthrop Mass
14. Birthplace of Mother,	Winthrop Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on December 3rd 1880.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	April 6 1881
2. Name,	Susan Fay.
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female. (Widow)
4. Color, †	White
5. Age,	74 Years, X Months, 13 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Putnam St Winthrop
8. Place of Death,	" " "
9. Occupation,	
10. Place of Birth,	Westboro Mass
11. Name of Father,	Daniel Fay
12. Name of Mother,	Ruth R. Fay
13. Birthplace of Father,	Westboro Mass
14. Birthplace of Mother,	Sudbury Mass
15. Place of Interment,	Southboro Mass
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on April 7 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Susan Fry
Date and Place of Death, -	*died at* Middleoff April 6th 1871.
Disease or Cause of Death, -	*of* Congestion of lung *Duration of Sickness* Five days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician R. L. Lowe M.D. Middleoff

Date of Certificate, April 7 1871.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . April 27, 1881.
2. Name, ... George H. Bennis
   (Maiden Name),* . .
3. Sex, and whether single, Married, or Widowed. Male, Married
4. Color, † . . . . . White
5. Age, ... 30 Years, X Months, X Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified }
7. Residence, ... Fremont St. Winthrop
8. Place of Death, . . . " "
9. Occupation, ... Brick-Mason
10. Place of Birth, ... Boston Mass
11. Name of Father, . . . Eli E. Bennis
12. Name of Mother, . . . Eliza Bennis
13. Birthplace of Father, . . Boston Mass
14. Birthplace of Mother, . Boston Mass
15. Place of Interment, . . Boston Mass

Signature of Undertaker ~~*or other person*~~ *making the Return,* . . . . Brenner Floyd

DATED at Winthrop, on April 28 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	George Bemis
Date and Place of Death, -	died at Winthrop April 17th 1871.
Disease or Cause of Death, -	of Typhoid fever Duration of Sickness Four weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Cone M.D. Winthrop

Date of Certificate, April 21 1871.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 5th 1881
2. Name,	Julia W. Gaylon
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female (Married)
4. Color, †	White
5. Age,	55 Years, X Months, X Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Main St Winthrop
8. Place of Death,	Main St Winthrop
9. Occupation,	
10. Place of Birth,	Boston Mass
11. Name of Father,	H. M. Willis
12. Name of Mother,	Sophia P. Willis
13. Birthplace of Father,	Massachusetts
14. Birthplace of Mother,	Boston Massachusetts
15. Place of Interment,	Mount Auburn Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop on June 6th 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Julia W. Lawton
Date and Place of Death, -	died at Winthrop June 5th 1881,
Disease or Cause of Death, -	of Heart Duration of Sickness 1 week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician Simon Ingalls M.D.

Date of Certificate, June 6th 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 4

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 7th 1881
2. Name,	Daniel P. Warren.
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male (Married)
4. Color, †	White
5. Age,	67 Years, 2 Months, 12 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Somerville Mass
8. Place of Death,	Ocean View, Winthrop
9. Occupation,	Carpenter
10. Place of Birth,	Rochester N. H.
11. Name of Father,	William Warren
12. Name of Mother,	Susan Warren
13. Birthplace of Father,	Farmington N. H.
14. Birthplace of Mother,	Farmington N. H.
15. Place of Interment,	Woodlawn Cemetery
Signature of Undertaker ~~or other person~~ *making the Return,*	Sumner Floyd

DATED at Winthrop, on June 8th 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,**	Daniel P. Warren
Date and Place of Death,	died at Winthrop Ocean Spray June 7 1881
Disease or Cause of Death,	of Disease of Heart Duration of Sickness Immediate

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. B. Hull M. D.

Central Street

Date of Certificate, 21 June 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, ...
2. Name, ...
   (Maiden Name),* . .
3. Sex, and whether single. Married, or Widowed.
4. Color, † . . . . . .
5. Age, ... Years, ... Months, ... Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified
7. Residence, ...
8. Place of Death, . . .
9. Occupation, ...
10. Place of Birth, ...
11. Name of Father, . . .
12. Name of Mother, . . .
13. Birthplace of Father, . .
14. Birthplace of Mother, .
15. Place of Interment, . .

Signature of Undertaker or other person making the Return, ...

DATED at , on .... 187 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - [illegible]

Date and Place of Death, - *died at* [illegible] *187* .

Disease or Cause of Death, - *of* Typhoid Pneumonia *Duration of Sickness* two weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician A. H. Nason, M.D. Boston

Date of Certificate, July 5 *187*8

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible]
2. Name,	[illegible]
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male Married
4. Color, †	White
5. Age,	52 Years, Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	[illegible]
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker or other person making the Return,	[illegible]

DATED at [illegible], on [illegible] 187[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Pulch
Aug 7 1881

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Irene Pat[illegible]
Date and Place of Death, -	*died at* [illegible] *July* 1 *187*[illegible],
Disease or Cause of Death, -	*of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician M. [illegible] [illegible]

Date of Certificate, [illegible] *187*[illegible].

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Boston, July 13th 1881

This Certifies, That George H. Patch

died on the 2nd day of July 1881, aged 35 years,

1 months, days.

CAUSE OF DEATH. Primary, Valvular disease heart Duration

Secondary, Both lungs congested with blood Duration

as shown by autopsy —

Geo. Stedman Physician.

~~Assist. Med. Examiner~~

July 13th 1881

Commonwealth of Massachusetts.

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 26th 1881.
2. Name,	Anna Lighthill
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	
5. Age,	X Years, X Months, 21 Days.
6. Disease or Cause of Death, — First or Primary	Cholera Infantum
Secondary (if any)	
By whom certified	
7. Residence,	Boston Mass
8. Place of Death,	Sea Shore Home Winthrop
9. Occupation,	
10. Place of Birth,	Boston Mass
11. Name of Father,	Frank Lighthill
12. Name of Mother,	Bridgett Lighthill
13. Birthplace of Father,	Sligo Ireland
14. Birthplace of Mother,	Sligo Ireland
15. Place of Interment,	Temporary deposit in Town Receiving Tomb
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on July 27 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Anna Zigthill

Date and Place of Death, - *died at* Winthrop, Mass. July 26, 1871.

Disease or Cause of Death, - *of* Cholera Infantum *Duration of Sickness* 9 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician George L. Goodell, M.D. Resident Phys. at Shore Home

Date of Certificate, July 26, 1871.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 8

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . August 1st 1881
2. Name, ... Alice M. Carney
   (Maiden Name),* . . . . . .
3. Sex, and whether single, Married, or Widowed, Female
4. Color, † . . . . . White
5. Age, ... X Years, 4 Months, 2 Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified
7. Residence, ... Cambridgeport Mass
8. Place of Death, . . . Winthrop Point Shirley Mass
9. Occupation, ...
10. Place of Birth, ... Cambridgeport Mass
11. Name of Father, . . . Edwin A. Carney
12. Name of Mother, . . . Nellie L. Carney
13. Birthplace of Father, . . Richmond Maine
14. Birthplace of Mother, . East Boston Mass
15. Place of Interment, . . Winthrop Town Cemetery
    Geo W. Mann Lot ~~Ar~~
    Signature of Undertaker ~~or other person~~ making the Return, ... Sumner Floyd

DATED at Winthrop, on Aug 1st 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Aug 1st 1871

E. Gaing

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - -	Female Alice M. Carney
te and Place of Death, -	died at [illegible] 187 ,
iscease or Cause of Death, -	of [illegible] Duration of Sickness [illegible]

I certify that the above is true, to the best of my knowledge and belief.

me and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] 187 .

* O: Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

☞Fill out in ink. When married, erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, 7th 1887.

Name, Annie Melleay Color,† white

Age — years 8 month — days

Place of Death } Sea side Home Winthrop WARD
Street and No. }

Residence, Boston Sex, fem Single, ~~Married~~

Occupation, — ~~Wife of~~ —

Birthplace,* Boston ~~Widow of~~ —

Name of Father, Unknown

Name of Mother, Mary Melleay

Birthplace of Father,* Unknown

Birthplace of Mother,* Boston

Cause of Death { Primary, Duration,
Secondary, Duration,

Place of Interment, 134 Central Grove Boston

Date of Interment or Removal, 9 Aug. 7

Undertaker or Informant, Lewis & Jones & Son

☞*Insert Town and State. †State whether white or black.

LEWIS JONES & SON,
UNDERTAKERS,
90 La Grange St., Boston.

Boston, Aug. 7th 1881.

This Certifies, That Annie Melleay

died on the 7th day of Aug 1881, aged — years,

8 months, — days.

CAUSE OF DEATH. { Primary, Cholera Infantum Duration
Secondary, Duration

Benj. S. Blanchard Physician.

Aug 7 1881

Commonwealth of Massachusetts.

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . August 11 1881
2. Name, ... Leslie A. Belcher
   (Maiden Name),* . .
3. Sex, and whether single, Married, or Widowed . . Female
4. Color, † . . . . . White
5. Age, ... Years, 3 Months, 19 Days.
6. Disease or Cause of Death, { First or Primary: Cholera Infantum; Secondary (if any): "; By whom certified:
7. Residence, ... Winthrop St. Winthrop
8. Place of Death, . . . Winthrop St. Winthrop
9. Occupation, ...
10. Place of Birth, . . . Winthrop
11. Name of Father, . . . Lyne T. Belcher
12. Name of Mother, . . . Emma Belcher
13. Birthplace of Father, . . Winthrop Mass.
14. Birthplace of Mother, . Tamworth England
15. Place of Interment, . . Winthrop Town Cemetery

Signature of Undertaker ~~or other person~~ *making the Return,* . . . . Sumner Floyd

DATED at Winthrop, on August 12 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Aug. 11, 1881

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . . [illegible] Female

Date and Place of Death, . . Aug 11 1881 Winthrop Mass

Disease, or Cause of Death, { *First or Primary,* Cholera Infantum *Duration of,** 2 D 7 hours

{ *Secondary,* . . . *Duration of,* ~~3 D 7 hours~~

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Samuel Tryon M.D. Winthrop Mass

Dated at Winthrop Aug 11 1881.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 12
2. Name, ...	Walter A Bury
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age, ...	1 Years, 5 Months, 11 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence, ...	East Boston
8. Place of Death, . . .	Sea Shore House
9. Occupation, ...	
10. Place of Birth, . . .	East Boston
11. Name of Father, . .	Walter W Bury
12. Name of Mother, . .	Louis C Bury
13. Birthplace of Father, .	Chicago Ill
14. Birthplace of Mother, .	Boston
15. Place of Interment, . .	Cemetery
Signature of Undertaker or other person making the Return, ...	W E Brown.

DATED at East Boston, on 12th Aug 1871

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Walter A Perry male
Date and Place of Death, . .	August 12 Winthrop
Disease, or Cause of Death, — *First or Primary,*	Cholera Infantum *Duration of,** five days
Disease, or Cause of Death, — *Secondary,* . . .	*Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Benj. S. B Lanchard

Dated at Winthrop 1851.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 13 1881
2. Name,	Sophia P. Willis
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female (Widow)
4. Color, †	White
5. Age,	87 Years, — Months, — Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Cor Main & Pleasant Sts Winthrop
8. Place of Death,	Cor Main & Pleasant Sts Winthrop
9. Occupation,	
10. Place of Birth,	Boston Mass.
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Mount Auburn Cemetery Cambridge Mass
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on August 13 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Ans to 11-12-13-14 - Un Known.

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Sophia P. Willis

Date and Place of Death, - died at Cor Main & Pleasant Sts Worcester August 13th 1881.

Disease or Cause of Death, - of Old Age Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician Samuel Flagg M.D.

Date of Certificate, Aug 13th 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

☞Fill out in ink. When married, erase "single" and "widow;" when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY ~~REGISTRAR~~ Town Clerk.

~~CITY~~ HALL, BOSTON. Winthrop

Date of Death, Aug 15 1881

Name, Mabel B. Donovan Color,† W.

Age 6 years 5 month 15 days

~~Place of Death~~ ~~Street and~~ No. } Ocean Spray Winthrop ~~WARD~~

Residence, Sex, F. Single, ~~Married~~

Occupation, Wife of

Birthplace,* Somerville Mass ~~Widow~~ of

Name of Father, D. J. Donovan

Name of Mother,

Birthplace of Father,*

Birthplace of Mother,*

Cause of Death. } Primary, Duration,

Secondary, Duration,

Place of Interment,

Date of Interment or Removal,

Undertaker or Informant,

☞*Insert Town and State. †State whether white or black.

Miss Donnan
Oct 15 1881

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	[illegible]
Date and Place of Death, -	*died at* [illegible] *187*[illegible],
Disease or Cause of Death, -	*of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] *187*[illegible].

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 21 1881.
2. Name,	Nellie Webb.
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	— Years, 9 Months, — Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Boston Mass.
8. Place of Death,	Maintenance Home S.S. Home
9. Occupation,	—
10. Place of Birth,	Boston Mass
11. Name of Father,	Unknown
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Temporary Interment Receiving Tomb
Signature of Undertaker ~~or other person~~ making the Return,	Summer Floyd

DATED at Mattapan, on Aug 22d 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop
~~Boston~~, Aug. 22 1871

This Certifies, *that* Willie Webb

died on the 21 *day of* August 1871, *aged* — *years,*

nine *months,* — *days.*

CAUSE OF DEATH. { *Primary,* Cholera Infantum *Duration* 2 weeks.
Secondary, *Duration*

Edwd. T. Williams M.D. *Physician.*

Commonwealth of Massachusetts.

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 21 1881
2. Name,	Robert McGill Stewart
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male (Unmarried)
4. Color, †	White
5. Age,	26 Years, 8 Months, — Days.
6. Disease or Cause of Death, First or Primary	Accidental Drowning
Secondary (if any)	
By whom certified	
7. Residence,	Montreal Canada
8. Place of Death,	Winthrop (Ocean Spray)
9. Occupation,	Insurance Clerk
10. Place of Birth,	Montreal Canada
11. Name of Father,	Andrew B. Stewart
12. Name of Mother,	Sarah Stewart
13. Birthplace of Father,	Glascow Scotland
14. Birthplace of Mother,	Canada
15. Place of Interment,	Montreal Canada
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on August 22 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Blank
21 1881

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Robert McGill Stewart
Date and Place of Death, -	died at Ocean Spray, Winthrop, Mass; August 21 1881.
Disease or Cause of Death, -	of Accidental Drowning *Duration of Sickness* —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician W. H. L. Beard, Boston Mass
15 Boylston St,

Date of Certificate, August 22 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 13

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 23 1881.
2. Name,	Walter Allen
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Male —
4. Color, †	
5. Age,	— Years, 8 Months, — Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	
8. Place of Death,	Main, Cor Hermon St. St. E. House
9. Occupation,	—
10. Place of Birth,	Boston Mass
11. Name of Father,	Walter Allen
12. Name of Mother,	Maggie Allen
13. Birthplace of Father,	St. John N. B.
14. Birthplace of Mother,	Yarmouth N. S.
15. Place of Interment,	Temporary Deposit in Town Receiving Tomb
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on August 23 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Walter Allen
Aug. 23 1861

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop ~~Boston,~~ Aug. 23 1881

This Certifies, *that* Walter Allen

died on the 23 *day of* August 1881, *aged* — *years,*

eight *months,* — *days.*

CAUSE OF DEATH. { *Primary,* Cholera Infantum *Duration*
Secondary, *Duration*

Edwd. T. Williams M.D. *Physician.*

Commonwealth of Massachusetts.

No. 14 (14)

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . August 23 1881.
2. Name, ... Harry Hamstead
   (Maiden Name),* . . .
3. Sex, and whether single, Married, or Widowed. Male
4. Color, † . . . . . White
5. Age, ... Years, 7 Months, Days.
6. Disease or Cause of Death, { First or Primary: Cholera Infantum; Secondary (if any): ; By whom certified: }
7. Residence, ... Roxbury Mass
8. Place of Death, . . . Main, Cor Hermon St Winthrop S.S. Home
9. Occupation, ...
10. Place of Birth, ... Boston Mass
11. Name of Father, . . .
12. Name of Mother, . . .
13. Birthplace of Father, . . .
14. Birthplace of Mother, .
15. Place of Interment, . . Temporary deposit, Town Receiving Tomb

Signature of Undertaker ~~or other person~~ making the Return, ... Sumner Floyd

DATED at Winthrop, on August 24 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop
~~Boston,~~ Aug. 24 1881

This Certifies, that Harry Hampstead

died on the 23 day of August 1881, aged — years,

seven months, — days.

CAUSE OF DEATH. { Primary, Cholera Infantum Duration
Secondary, Duration

Edwd. T. Williams M.D. Physician.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 27 - 1881
2. Name, ...	Augustus Reed
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color, †	W
5. Age, ...	60 Years, 4 Months, ... Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence, ...	Boston Mass
8. Place of Death, . . .	Ocean Spray Winthrop Mass
9. Occupation, ...	Gentleman
10. Place of Birth, . . .	South Danvers Mass
11. Name of Father, . .	Briggs R Reed
12. Name of Mother, . .	Elizabeth "
13. Birthplace of Father, .	Bridgewater Mass
14. Birthplace of Mother, .	Danvers "
15. Place of Interment, . .	Danvers Mass
Signature of Undertaker or other person making the Return, ...	Benj F. Smith

DATED at ....., on ..... 187 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, Augustus Reed Male

Date and Place of Death, Ocean Spray Winthrop Mass Aug 27/84

Disease, or Cause of Death, — *First or Primary,* Hemorrhoids with Abscess *Duration of,** About 10 days

Secondary, Septicemia *Duration of,* probably one week

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Geo. B. Campbell M. D. E. Boston

Dated at East Boston Aug. 27 1884.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* transmit for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

Commonwealth of Massachusetts.

No. 15

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . August 29 1881.
2. Name, ... Babe
   (Maiden Name),* . .
3. Sex, and whether single, Married, or Widowed. Male
4. Color, † . . . . . White
5. Age, ... Years, Months, 1 Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified
7. Residence, ... Fremont St. Winthrop
8. Place of Death, . . . Fremont St Winthrop
9. Occupation, ...
10. Place of Birth, . . . Fremont St Winthrop
11. Name of Father, . . . Charles G. Eustis
12. Name of Mother, . . . Sarah A. Eustis
13. Birthplace of Father, . . St. John N. B.
14. Birthplace of Mother, . St. John N. B.
15. Place of Interment, . . Common lot for graves. Town Cemetery —

Signature of Undertaker ~~or other person~~ making the Return, ... Sumner Floyd

DATED at Winthrop, on August 29 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Nole Tolford

Date and Place of Death, - *died at* [illegible] *187* [illegible],

Disease or Cause of Death, - *of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible] M. D.

Date of Certificate, [illegible] *187* [illegible]

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

☞Fill out in ink. When married, erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, Ocean Spr. Winthrop Oct. 4th 18

Name, [illegible] Color,† White

Age 2 years 11 months 10 days

Place of Death / Street and No. } Lib. St. Winthrop, WARD

Residence, W. Winthrop Sex, F Single, Married

Occupation, Domestic Wife of

Birthplace,* East Boston Widow of

Name of Father, [illegible]

Name of Mother, Elizabeth Fawcett

Birthplace of Father,* Ireland

Birthplace of Mother,* [illegible]

Cause of Death } Primary, Duration,

Secondary, Phthisis Pulmonalis Duration, one year

Place of Interment, Winthrop [illegible]

Date of Interment or Removal, Oct. 20 [illegible]

Undertaker or Informant, [illegible]

White

☞*Insert Town and State. †State whether white or black.

J. Myalls M.D.
Winthrop Mass

Boston, [illegible] 188

This Certifies, *that* [illegible]

died on the [illegible] *day of* [illegible] 188 , *aged* [illegible] *years,*

[illegible] *months,* [illegible] *days.*

CAUSE OF DEATH.	*Primary,*	*Duration*
	Secondary, Consumption of lungs	*Duration* one year

David Ingraham M.D. *Physician.*

Oct 17/81

Boston, Oct 11 1881

This Certifies, That Frank L. Nisuc

died on the 11th day of Oct 188 , aged 1 years,

7 months, days.

CAUSE OF DEATH. Primary, Meningitis Duration 2 weeks

Secondary, Duration

K. N. Newton Physician.

☞Fill out in ink. When married, erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR,

~~CITY HALL, BOSTON.~~ Town of Dorchester

Date of Death, Oct 20th 1881

Name, Sarah McTavish Color,† W

Age 56 years — month — days

Place of Death Street and No. } Dorchester Mass WARD

Residence, Dorchester Mass Sex, F ~~Single~~, Married

Occupation, — Wife of Donald McTavish

Birthplace,* Cape Breton N.S. ~~Widow of~~

Name of Father, Neil McLachlin

Name of Mother, Margrie "

Birthplace of Father,* Cape Breton N.S.

Birthplace of Mother,* " "

Cause of Death } Primary, Duration,

Cause of Death } Secondary, Duration,

Place of Interment, Holy Cross, Mattapan

Date of Interment or Removal, Oct 22

Undertaker or Informant, J. O'Brien

☞*Insert Town and State. †State whether white or black.

Boston, Oct 20th 1881

This Certifies, That Sarah McTavish

died on the 20th day of Oct 1881, aged 44 years,

— months, — days.

CAUSE OF DEATH. Primary, Consumption Duration 11 months

Secondary, Duration

[illegible] Physician.

Commonwealth of Massachusetts.

No. 16

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Oct 29 1881.
2. Name, ... Matilda Beecher.
   (Maiden Name),* . . —
3. Sex, and whether single, Married, or Widowed. Female (Widow.)
4. Color, † . . . . . White
5. Age, ... 55 Years, 9 Months, 23 Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified } —
7. Residence, ... East Dalton, Mass.
8. Place of Death, . . . Sargent St. Winthrop.
9. Occupation, ... —
10. Place of Birth, ... London, England.
11. Name of Father, . . . James Harding.
12. Name of Mother, . . . Mary Harding.
13. Birthplace of Father, . London England.
14. Birthplace of Mother, . London, England.
15. Place of Interment, . . Winthrop Town Cemetery.

Signature of Undertaker ~~or other person~~ making the Return, ... Summer Ford.

DATED at Winthrop, on October 29 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

CHAS. G. BROOKS, M. D.
1 SARATOGA PLACE,
EAST BOSTON.

Physicians Certificate
to accompany
Return of death No 16 by
S. Floyd

I hereby certify that
Mr. [illegible] died at Ship
Chop, on Saturday the 27th day of
[illegible], 1[illegible], [illegible] [illegible]
[illegible].

Chas. Brooks, M. D.

Commonwealth of Massachusetts.

No. 17

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Nov 2d 1881
2. Name, ...
   (Maiden Name),* . . .
3. Sex, and whether single, Married, or Widowed. Female (Infant
4. Color, † . . . . . White
5. Age, ... Years, Months, Days.
6. Disease or Cause of Death, { First or Primary: Stillborn; Secondary (if any): ; By whom certified: }
7. Residence, ... Winthrop St. Winthrop
8. Place of Death, . . . Winthrop St. Winthrop
9. Occupation, ...
10. Place of Birth, ... Maine
11. Name of Father, . . . Charles F. Wilson
12. Name of Mother, . . . Angie N. Wilson
13. Birthplace of Father, . . Maine
14. Birthplace of Mother, . Massachusetts
15. Place of Interment, . . Winthrop Town Cemetery

Signature of Undertaker ~~or other person~~ making the Return, . . . Sumner Floyd

DATED at Winthrop, on Nov 2d 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - - Female

Date and Place of Death, - died at ~~Still born~~ Winthrop Nov 2d 1881,

Disease or Cause of Death, - of Still born Duration of Sickness —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Soule, Winthrop

Date of Certificate, Nov 3 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 15

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred

1. Date of Death, . . . Nov 9th 1881.
2. Name, ... Mary R. Henderson.
   (Maiden Name),* . . . . . .
3. Sex, and whether single, Married, or Widowed. Female (Widowed)
4. Color, † . . . . . White
5. Age, ... 88 Years, 10 Months, 16 Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified }
7. Residence, ... Stetson St. Whitinsville
8. Place of Death, . . . Whitinsville
9. Occupation, ...
10. Place of Birth, ... Scotland
11. Name of Father, . . . Johnathan McLean
12. Name of Mother, . . . Margaret McLean
13. Birthplace of Father, . . Scotland
14. Birthplace of Mother, . . England
15. Place of Interment, . . Hartshorn Street Cemetery

Signature of Undertaker ~~or other person~~ making the Return, ... Sumner F. [illegible]

DATED at Whitinsville, on Nov 10th 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Mary R. Henderson
Date and Place of Death, -	*died at* Winthrop Nov 9th 1881.
Disease or Cause of Death, -	*of* Old age *Duration of Sickness* —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Soule Winthrop

Date of Certificate, Nov 9th 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 17

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . November 14 1881
2. Name, ... Lucinda H. Walker.
   (Maiden Name),* . .
3. Sex, and whether single, Married, or Widowed. Female (Married)
4. Color, † . . . . . White
5. Age, ... 62 Years, 4 Months, 14 Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified
7. Residence, ... Centre St. Winthrop
8. Place of Death, . . . Centre St. Winthrop
9. Occupation, ...
10. Place of Birth, . . . Deerfield N. H.
11. Name of Father, . . . David Robinson
12. Name of Mother, . . . Lucinda Robinson
13. Birthplace of Father, . . Deerfield N. H.
14. Birthplace of Mother, . Epping N. H.
15. Place of Interment, . . Newburyport Mass

Signature of Undertaker ~~or other person~~ *making the Return,* . . . . Sumner Floyd

DATED at Winthrop, on Nov 15th 1881.

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Mrs Lucinda H. Walker

Date and Place of Death, - died at Winthrop Nov 14th 1881,

Disease or Cause of Death, - of Cancer of Breast *Duration of Sickness* unknown

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. L. Soule M.D.

Date of Certificate, Nov 15 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

☞Fill out in ink. When married, erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, Nov. 22d 1881

Name, William Wood Color,† W

Age 73 years 6 month days

Place of Death Street and No. Pleasant St. Winthrop WARD

Residence, Winthrop Sex, M ~~Single,~~ Married

Occupation, Gentleman ~~Wife of~~

Birthplace,* Concord ~~Widow of~~

Name of Father, Amos Wood

Name of Mother, Hannah Wood

Birthplace of Father,* Concord

Birthplace of Mother,* Unknown

Cause of Death { Primary, Duration,
Secondary, Duration,

Place of Interment, Boston

Date of Interment or Removal, Nov 25th

Undertaker or Informant, John H Peak

☞*Insert Town and State †State whether white or black.

Nov 22 1881
W Ward

Boston, Nov 22d 1881.

This Certifies, that William Wood

died on the 22d day of Nov 1881, aged 73 years,

6 months, days.

CAUSE OF DEATH. { Primary, Cerebral Apoplexy Duration 3 hrs
Secondary, General Debility Duration

C. E. Fitz Physician.

No. 20

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Dec 30th 1881.
2. Name, ... Maria H. Morse
   (Maiden Name),* . . . . . —
3. Sex, and whether single, Married, or Widowed, . . . Female (Unmarried)
4. Color, † . . . . . White
5. Age, ... 21 Years, X Months, X Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified }
7. Residence, ... Lewiston (Pinetree St.)
8. Place of Death, . . . Winthrop St.
9. Occupation, ... —
10. Place of Birth, ... Belfast Maine
11. Name of Father, . . . William H. Morse
12. Name of Mother, . . . Jane B. Morse
13. Birthplace of Father, . . . Belfast Maine
14. Birthplace of Mother, . Caroline Maine
15. Place of Interment, . . Temporary deposit in tomb receiving tomb

Signature of Undertaker ~~*or other person*~~ *making the Return,* . . . . Summer Lloyd

DATED at Lewiston, on December 31 1881.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - [illegible]

Date and Place of Death, - *died at* Winthrop Dec 30th, 1881.

Disease or Cause of Death, - *of* Consumption *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician Hen. S. Steele, M.D. Winthrop

Date of Certificate, Dec 31 1881.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 21

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	September 7 1882
2. Name,	Anna P. H. Day.
(Maiden Name),*	Anna P. Frost
3. Sex, and whether single, Married, or Widowed.	Female (Widowed)
4. Color, †	White
5. Age,	68 Years, ~~Months~~, ~~Days~~.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Fremont St. Winthrop Mass
8. Place of Death,	Fremont St. Winthrop Mass
9. Occupation,	—
10. Place of Birth,	Sandown N. H.
11. Name of Father,	Leonard Frost
12. Name of Mother,	Bedee.
13. Birthplace of Father,	—
14. Birthplace of Mother,	—
15. Place of Interment,	Lincoln Mass
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Sept 8th 1882

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

No. 29

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	January 28, 1883
2. Name,	Jane Ethel Phillips
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female —
4. Color, †	White
5. Age,	9 Years, — Months, 18 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	[illegible] St. Hartford
8. Place of Death,	[illegible] St. Hartford
9. Occupation,	—
10. Place of Birth,	Boston Mass
11. Name of Father,	Leander L. Phillips
12. Name of Mother,	Hannah E. Phillips
13. Birthplace of Father,	Hebron Md.
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	Temporary deposit in Tomb Belonging to [illegible]
Signature of Undertaker ~~or other person~~ making the Return	[illegible]

DATED at Hartford, on January 28 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased,	Jean Edward Philippe (Male)
Date and Place of Death,	Jan 28 1883 City of Troy
Disease, or Cause of Death, — *First or Primary,*	Lipomia — *Duration of,** [illegible]
Disease, or Cause of Death, — *Secondary,*	— *Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, H. S. Lockwood M.D. Troy

Dated at Troy 18[illegible].

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No. 30.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	February 12 1883
2. Name,	John W. Tenkebury
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male (Widower)
4. Color, †	White
5. Age,	85 Years, 5 Months, 3 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Main Street Winthrop
8. Place of Death,	Main Street Winthrop
9. Occupation,	
10. Place of Birth,	Chelsea Mass.
11. Name of Father,	Andrew Tenkebury
12. Name of Mother,	Mary Tenkebury
13. Birthplace of Father,	Deer Island Boston Harbor Mass.
14. Birthplace of Mother,	Governors Island Boston Harbor Mass
15. Place of Interment,	Winthrop Tow Cemetery
Signature of Undertaker ~~or other person~~ *making the Return,*	Sumner Floyd

DATED at Winthrop, on February 13 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - [illegible]

Date and Place of Death, - *died at* [illegible] *187* [illegible],

Disease or Cause of Death, - *of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] *187* [illegible]

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 11th 1883.
2. Name,	Annie Belcher wife of
(Maiden Name),*	Clarence A. Belcher
3. Sex, and whether single, Married, or Widowed,	Female (Married)
4. Color, †	White
5. Age,	21 Years, 4 Months, 6 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop Street
8. Place of Death,	Winthrop Street
9. Occupation,	
10. Place of Birth,	Charlottetown P.E. Island
11. Name of Father,	Alexander Mc Phee
12. Name of Mother,	Sarah Mc Phee
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on March 12th 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Adopted 11 1 1863

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	[illegible]
Date and Place of Death, -	*died at* [illegible] *187* [illegible]
Disease or Cause of Death, -	*of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] *187* [illegible]

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 11 " 1883
2. Name,	Hannah B. Floyd
(Maiden Name),*	Hannah B. Sturgis
3. Sex, and whether single, Married, or Widowed.	Female (Widowed)
4. Color, †	White
5. Age,	78 Years, — Months, 11 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Revere Street
8. Place of Death,	Revere Street
9. Occupation,	
10. Place of Birth,	Boston Mass
11. Name of Father,	Samuel Sturgis
12. Name of Mother,	Lucretia Sturgis
13. Birthplace of Father,	Barnstable Mass
14. Birthplace of Mother,	
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on May 15th 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

...me and Sex of Deceased, . .	Hannah Floyd		
...e and Place of Death, . .	May 11th Winthrop		
...ause ...ath,	First or Primary,	Disease of the heart	Duration of,* several yea
	Secondary, ...	Paralysis	Duration of, 5 days

I certify that the above is a true Return, to the best of my recollection and belief.

...rofessional Title, and Residence, Samuel Higgills M.D. Winthrop

Dated at Winthrop May 16th 1883.

...ry particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 29 " 1883.
2. Name,	Samuel F. Dickinson
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	13 Years, 11 Months, 21 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop St - Winthrop
8. Place of Death,	Winthrop St - Winthrop
9. Occupation,	—
10. Place of Birth,	Somerville Mass
11. Name of Father,	Samuel H. Dickinson
12. Name of Mother,	Sarah A. Dickinson
13. Birthplace of Father,	Boston Mass
14. Birthplace of Mother,	North Berwick Me.
15. Place of Interment,	Mount Auburn Cemetery Cambridge Mass
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on May 30 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Death occurred at residence of Wilbur F. Belcher

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Samuel K. Dickinson

Date and Place of Death, - died at Winthrop Aug. 27. 1879,

Disease or Cause of Death, - of Apoplexy Duration of Sickness [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Poole M.D. Winthrop Mass.

Date of Certificate, Aug. 28 1879.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 5 1883
2. Name,	Charleton Trewogy
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	1 Years, 11 Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Pauline Street Winthrop
8. Place of Death,	Pauline Street Winthrop
9. Occupation,	
10. Place of Birth,	Winthrop Mass.
11. Name of Father,	Jesse P. Trewogy
12. Name of Mother,	Effie L. Trewogy
13. Birthplace of Father,	Surry Maine
14. Birthplace of Mother,	Winthrop Mass.
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on June 6th 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - [illegible]

Date and Place of Death, - *died at* [illegible] *187* [illegible],

Disease or Cause of Death, - *of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] *187* [illegible].

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 6 1883
2. Name,	Harrold A. Trewargy
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	3 Years, 11 Months, 10 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	D
7. Residence,	Pauline Street Winthrop
8. Place of Death,	Pauline Street Winthrop
9. Occupation,	
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Jesse B. Trewargy
12. Name of Mother,	Effie L. Trewargy
13. Birthplace of Father,	Surry Maine
14. Birthplace of Mother,	Winthrop Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on June 7th 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,**	Harold A. Freeman
Date and Place of Death,	died at Windsor June 6 1883.
Disease or Cause of Death,	of Scarlet fever Duration of Sickness four days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Searle Windsor

Date of Certificate. June 6 1883

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 19 1883
2. Name,	John E. Davis
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male (Married)
4. Color, †	White
5. Age,	82 Years, 5 Months, Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Ashburnham
8. Place of Death,	Mermaid Ave (Ocean Spray)
9. Occupation,	Chair maker
10. Place of Birth,	Ashburnham
11. Name of Father,	Ebenezer B. Davis
12. Name of Mother,	Elizabeth S. Davis
13. Birthplace of Father,	Littleton Mass
14. Birthplace of Mother,	Boylston Mass
15. Place of Interment,	Ashburnham Mass
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on June 20 1883.

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Death occured at Winthrop Beach Hotel

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

ne of Deceased,* - - -	John H. Davis
ate and Place of Death, -	died at Winthrop June 11 1873
sease or Cause of Death, -	of Old Age Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

ne and Residence of Certifying Physician F. C. Forbes M.D. Winthrop

Date of Certificate, June 11 1873

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registratio of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have be returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of s clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where t certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 0

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 5 1883.
2. Name,	Esther E. Keating
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	— Years, 11 Months, — Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	177 Dorchester St. So. Boston
8. Place of Death,	Sea Shore Home (Winthrop)
9. Occupation,	
10. Place of Birth,	360 Athens St. So Boston
11. Name of Father,	David F. Keating
12. Name of Mother,	Sarah G. Keating
13. Birthplace of Father,	New Hampshire
14. Birthplace of Mother,	Boston Mass
15. Place of Interment,	Dorchester Mass
Signature of Undertaker [redacted] *making the Return,*	Sumner Floyd

DATED at Winthrop, on July 6th 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Esther Elizabeth Keating Female Child (11 mos)	
Date and Place of Death, . .	July 5. Sea Shore Home, Winthrop	
Disease, or Cause of Death, — *First or Primary,*	Cholera Infantum	*Duration of,** 4 days
Disease, or Cause of Death, — *Secondary,* . . .	Exhaustion	*Duration of,* —

I certify that the above is a true Return, to the best of my recollection and belief.

ame, Professional Title, and Residence, Edwd. T. Williams M.D. 1298 Wash^n. St. Roxbury

Dated at Sea Shore Home July 5 1883.

very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 13 1883
2. Name,	Rhoda M. Smith
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Female Widowed
4. Color, †	White
5. Age,	66 Years, 5 Months, 9 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Gulliford N. H.
8. Place of Death,	Smithfield (Ocean Spring)
9. Occupation,	
10. Place of Birth,	Gulliford N. H.
11. Name of Father,	Joseph Potter
12. Name of Mother,	Polly Potter
13. Birthplace of Father,	Gulliford N. H.
14. Birthplace of Mother,	Gulliford N. H.
15. Place of Interment,	Gulliford N. H.
Signature of Undertaker ~~or other person~~ making the Return	Thomas Floyd

DATED at Smithfield, on July 13 1883

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Death occured at Flamingo Cot. Wave Hay (Home)

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

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Winthrop, Mass.
July 13th 1883

This certifies that Rhoda M. Smith aged 66 years and 2 months died on the 13th day of July 1883

Cause of death. Cancer

To the best of my knowledge and belief

Samuel N. Dunning M.D.

This woman died without a physician recently in attendance and my statements are made based upon an investigation after death.

S. W. D.

☞ Fill out in ink. When married, erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, July 17th 1883

Name, Mary Kumschied Color,† White

Age years 2 months 15 days

Place of death / Street and No. Shirley St. Great Hood WARD

Residence Same Sex, F Single, Married

Occupation, of father Carpenter Wife of

Birthplace,* Boston Mass Widow of

Name of Father, Jacob Kumschied

Name of Mother, Ellen "

Birthplace of Father,* Plandt Germany

Birthplace of Mother,* Halifax N. S.

Cause of Death: Primary, Duration,

Cause of Death: Secondary, Duration,

Place of Interment, Calvary Cem.

Date of Interment or Removal July 1883

Undertaker or Informant, J. A. Lloyd.

☞ *Insert Town and State. †State whether white or black.

Boston, July 17th 1883

This Certifies, That Mary Krumschied

died on the 17 day of July 1883, aged ..... years,

..... months, 15 days.

CAUSE OF DEATH. { Primary, Cholera Infantum Duration

Secondary, Duration

Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . July 25 1883
2. Name, ... John Joseph Hurley
   (Maiden Name),* . . .
3. Sex, and whether single, Married, or Widowed. Male
4. Color, † . . . . . White
5. Age, ... X Years, X Months, 25 Days.
6. Disease or Cause of Death, { First or Primary: Cholera Infantum, Secondary (if any): , By whom certified: E. J. Williams M.D.
7. Residence, ... Boston Mass.
8. Place of Death, ... 20 Pine Street
9. Occupation, ...
10. Place of Birth, ... Boston Mass
11. Name of Father, . . . Charles M. Hurley
12. Name of Mother, . . . Anne Hurley
13. Birthplace of Father, . . Ireland
14. Birthplace of Mother, . . "
15. Place of Interment, . . Temporary deposit in Tomb Rec. Tomb

Signature of Undertaker ~~or other person~~ making the Return, ... } Clement & Co.

DATED at Brookline, on July 25 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	John Joseph Hurley. Male child aet. 3 weeks	
Date and Place of Death, . .	Sea Shore Home, Winthrop July 20th	
Disease, or Cause of Death, — *First or Primary,*	Cholera Infantum	*Duration of,** 6 days
Disease, or Cause of Death, — *Secondary,* . . .	Dentition	*Duration of,* —

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Edwd. T. Williams M.D. 1294 Wash. St. Roxbury

Dated at Winthrop July 20 1883.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 27 1883.
2. Name,	Mary H. Floyd
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	78 Years, 2 Months, 24 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Revere St. Winthrop
8. Place of Death,	Revere St. Winthrop
9. Occupation,	
10. Place of Birth,	Revere Mass
11. Name of Father,	David Floyd
12. Name of Mother,	Hannah Floyd
13. Birthplace of Father,	Boston Mass
14. Birthplace of Mother,	Boston Mass
15. Place of Interment,	Winthrop Town Cemetery Lot owned by David Floyd
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on July 28 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Mary H. Fellows
Date and Place of Death, -	*died at* Bishop July 27 *1873,*
Disease or Cause of Death, -	*of* Cholera *Duration of Sickness* short

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician A. S. Lovell Bishop

Date of Certificate, July 28 *1873.*

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug 1st, 1883
2. Name,	Francis Shanly
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	Years, 4 Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Boston Mass
8. Place of Death,	St Anne Winthrop
9. Occupation,	
10. Place of Birth,	Boston Mass
11. Name of Father,	Louis Shanly
12. Name of Mother,	Louisa Shanly
13. Birthplace of Father,	New Jersey
14. Birthplace of Mother,	St. John N.B.
15. Place of Interment,	Tenbury, Detroit in Town Mt. Tomb
Signature of Undertaker ~~or other person~~ making the Return	Warren Floyd

DATED at Winthrop, on Aug 2d 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Francis Schantz. Male Child aet. 4 mos.

Date and Place of Death, . . Aug. 1st at Sea Shore Home Winthrop

Disease, or Cause of Death, { *First or Primary,* Diarrhoea *Duration of,** Weeks

{ *Secondary,* . . . Exhaustion *Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Edwd. T. Withington MD. 1298 Wash^n St. Boston

Dated at Winthrop Aug 1st 1883.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug 2
2. Name,	Unknown Woman
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	f
4. Color, †	
5. Age,	30 Years, ? Months, Days.
6. Disease or Cause of Death,	Suicide? Drowning
Duration of Sickness,	
By whom certified,	Med Ex Harris
7. Residence,	
8. Place of Death,	
9. Occupation,	
10. Place of Birth,	
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Mt Hope
Signature of Undertaker or other person making the Return,	J. Tinkham

Unknown

DATED at ....., on ..... 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

Description.

Woman found drowned off
Great Head Winthrop. Aug 2d '83
Height. 5-2. Wt. 110. Age 30 -
Complexion light - Hair dk brown
Eyes blue - Features sharp. — Old
scar under R. Eye -
Dress - Plum. Grenadine basque & skirt
& underskirt - Blk Cashmere Dolman & blk lace
blk straw hat & blk feather & violets - dark
stockings & red stripe around leg

button boots - Wht cot. fil drawers
wht waist & chemise - Red stripe skirt
wht corsets - Red coral (imitation) ear
chain & cross of horse hair - plain gold
ring on ring finger of R. hand -
2 wht. h'dkfs - one corner M.P. - Red
plush purse -

Boston, Aug. 7th 1883

This Certifies, That An Unknown Woman found Great Head ~~died~~ on the 25 day of Aug. 1883, aged 30(?) years, months, days.

CAUSE OF DEATH.	Primary, Suicide (?)	Duration	
	Secondary, Drowning	Duration	

Francis A. Harris Physician.
Med. Examiner

Printing Department, Deer Island, Boston Harbor.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Aug 5th
2. Name, ... Catherine Mc Donough
   (Maiden Name),* . . .
3. Sex, and whether single, Married, or Widowed. Female Married
4. Color, † . . . . . White
5. Age, ... 73, [redacted] Years, [redacted] Months, [redacted] Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified
7. Residence, ... Woodside ave
8. Place of Death, . . . Woodside ave
9. Occupation, ...
10. Place of Birth, . . . Ireland
11. Name of Father, . . . Owen Meehan
12. Name of Mother, . . . Winifred Hand
13. Birthplace of Father, . . Ireland ~~Father~~
14. Birthplace of Mother, . Ireland
15. Place of Interment, . . Lynn Mass

Signature of Undertaker ~~or other person~~ making the Return, . . . J. O'Sullivan. E. Dolan

DATED at Winthrop, on Aug 5th 1883.

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Aug 5-53

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Catherine McCarrogh

Date and Place of Death, - *died at* Winthrop Aug 5 *187* 5,

Disease or Cause of Death, - *of* Old Age *Duration of Sickness* —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Leale M. D. Winthrop Me.

Date of Certificate, Aug 6th *187* 7

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug 7, 1883.
2. Name,	David Belcher.
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male Married,
4. Color, †	White
5. Age,	73 Years, 9 Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop St. Winthrop
8. Place of Death,	Winthrop St Winthrop
9. Occupation,	Carpenter
10. Place of Birth,	Winthrop formerly Chelsea
11. Name of Father,	Joseph Belcher.
12. Name of Mother,	Nancy Belcher
13. Birthplace of Father,	Winthrop formerly Chelsea
14. Birthplace of Mother,	Winthrop formerly Chelsea
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ *making the Return,*	Sumner Floyd

DATED at Winthrop, on Aug 8th 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . David Belshaw, Male

Date and Place of Death, . August 7, 1883 Winthrop House

Disease, or Cause of Death, { *First or Primary,* Gastro Enteritis *Duration of,** 11 days

{ *Secondary,* . . . " *Duration of,* " "

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Samuel [illegible] Capelto

Dated at Winthrop Aug. 7th 1883.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Allan Ferguson. male Child act. 1 year

Date and Place of Death, . . Aug. 14 '83 Sea Shore Home, Winthrop

Disease, or Cause of Death, { *First or Primary,* Pneumonia *Duration of,** 24 hours

{ *Secondary,* . . . Apnoea + Asthenia *Duration of,* —

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Edwd. T. Williams M.D. 2298 Wash.n St. Roxbury. Boston

Dated at Winthrop Aug. 15 1883.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the TOWN Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No.....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 16
2. Name,	Chevalita J Lewis
(Maiden Name),*	Chevalita Jones
3. Sex, and whether single, Married, or Widowed.	Married
4. Color, †	White
5. Age,	38 Years, — Months, — Days.
6. Disease or Cause of Death, — First or Primary	Pneumonia
Secondary (if any)	
By whom certified	
7. Residence,	New York
8. Place of Death,	Winthrop
9. Occupation,	New York
10. Place of Birth,	Unknown
11. Name of Father,	James J Jones
12. Name of Mother,	Unknown
13. Birthplace of Father,	" "
14. Birthplace of Mother,	" "
15. Place of Interment,	Mount Auburn.
Signature of Undertaker or other person making the Return,	

DATED at....., on.....188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 16 · 1883
2. Name, ...	Charlotte A. Lerow
(Maiden Name),* . .	" Farrar
3. Sex, and whether single, Married, or Widowed,	F Married
4. Color, †	W
5. Age, ...	38 Years, — Months, — Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence, ...	New York City,
8. Place of Death, . . .	Northfield Mass
9. Occupation, ...	
10. Place of Birth, ...	
11. Name of Father, . . .	Farrar A. Farrar
12. Name of Mother, . . .	Unknown "
13. Birthplace of Father, . .	Unknown "
14. Birthplace of Mother, . .	Unknown "
15. Place of Interment, . .	Mt Auburn
Signature of Undertaker or other person making the Return, ...	Geo. F. Smith

DATED at ....., on ....., 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

jamin F. Smith
Undertaker
51 Tremont St
Boston Mass

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Cherualita J. Loring

Date and Place of Death, - died at Milton, Mass., Aug. 15 1883,

Disease or Cause of Death, - of Cerebral Hemorrhage *Duration of Sickness* [illegible]

[illegible] with [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible] Boston

Date of Certificate, August 16th 1883.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 21 - 1883
2. Name, ...	Paul Mansfield
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male Single
4. Color, †	W
5. Age, ...	5 Years, 9 Months, ... Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence, ...	Boston Mass
8. Place of Death, . . .	Dolphin Ave Winthrop Mass
9. Occupation, ...	
10. Place of Birth, ...	Boston Mass
11. Name of Father, . . .	Ex Sumner Mansfield
12. Name of Mother, . . .	Maria E "
13. Birthplace of Father, . .	Dorchester Mass
14. Birthplace of Mother, . .	
15. Place of Interment, . .	Cambridge Mass
Signature of Undertaker or other person making the Return, ...	Benj F. Smith

DATED at ....., on ..... 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

n F. Smith
lertaker
remont St
on Mass

PHYSICIAN'S CERTIFICATE.

e of Deceased,* - - -	Paul Mansfield
and Place of Death, -	died at Ocean Spray Winthrop Aug. 21st 1883,
se or Cause of Death, -	of Meningitis Duration of Sickness 15 days

I certify that the above is true, to the best of my knowledge and belief.

d Residence of Certifying Physician Samuel H Dorrgin MD.

Date of Certificate, Aug. 22 1883.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of s person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registra of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, un proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have l returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Caus Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Boa Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the be his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 25 1883
2. Name,	Ambrose A. Faulkeburg
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Male —
4. Color, †	White
5. Age,	3 Years, 11 Months, — Days.
6. Disease or Cause of Death, — First or Primary	Diphtheria
Secondary (if any)	
By whom certified	
7. Residence,	Sargent St. Ff. Pleasant St.
8. Place of Death,	Sargent St. Ff. Pleasant St.
9. Occupation,	—
10. Place of Birth,	Winthrop Mass
11. Name of Father,	George F. Faulkeburg
12. Name of Mother,	Matilda A. Faulkeburg
13. Birthplace of Father,	Winthrop Mass
14. Birthplace of Mother,	East Boston Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Dunnner Floyd

DATED at Winthrop, on August 25 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

I hereby certify that

that Ambrose A. Trowbsbrung, aged 4 years, died at Winthrop on the 25th of August 1883.

Cause of death; Diphtheria.
Duration of disease; One week.

C. S. Brooks, M. D.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . August 26 1883
2. Name, ... Mary Driscoll
   (Maiden Name),* . . —
3. Sex, and whether single, Married, or Widowed. Female
4. Color, † . . . . . White
5. Age, ... — Years, 7 Months, — Days.
6. Disease or Cause of Death, { First or Primary: ~~Cholera Infantum~~ / Secondary (if any): Cholera Infantum / By whom certified: —
7. Residence, ... Boston Neck
8. Place of Death, . . . 38 Hone Winthrop
9. Occupation, ... —
10. Place of Birth, ... Boston Neck
11. Name of Father, . . . T. Driscoll
12. Name of Mother, . . . Mary Driscoll
13. Birthplace of Father, . . Ireland
14. Birthplace of Mother, . Ireland
15. Place of Interment, . . Temporary Deposit in Tomb

Signature of Undertaker ~~or other person~~ making the Return, ... Sumner Floyd

DATED at Winthrop, on August 26 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased,	Mary Driscoll Female Child Ae. 7 mos	
Date and Place of Death,	Sea Shore Home Winthrop Aug 26 1883	
Disease, or Cause of Death, — *First or Primary,*	Cholera Infantum	*Duration of,** 5 weeks
Disease, or Cause of Death, — *Secondary,*	Exhaustion	*Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Edwd. T. Williams M.D. Roxbury & Boston

Dated at Winthrop Aug. 26th 1883.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept 11 " 1883.
2. Name,	Eva G. Belcher
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	Years, Months, Days. Still born, Infant
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop St.
8. Place of Death,	Winthrop St
9. Occupation,	—
10. Place of Birth,	Winthrop St Winthrop
11. Name of Father,	M. Austin Belcher
12. Name of Mother,	Flora A Belcher
13. Birthplace of Father,	Winthrop Mass
14. Birthplace of Mother,	Hillsborough N H
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Sept 15 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -	Eva G. [illegible]
Date and Place of Death, -	died at [illegible] Sept. 11 187 .
Disease or Cause of Death, -	of [illegible] Duration of Sickness —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, Sept. 11 187 .

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 15

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept 14th 1883
2. Name,	Henrietta E. Johnston
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	2 Years, 4 Months, 5 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Prince Street Quincy
8. Place of Death,	Prince Street Quincy
9. Occupation,	—
10. Place of Birth,	East Boston Mass
11. Name of Father,	Thomas E. Johnston
12. Name of Mother,	Jane Johnston
13. Birthplace of Father,	New Brunswick
14. Birthplace of Mother,	Prince Edward Island
15. Place of Interment,	Winthrop Town Cemetery in Lot 17 single grave
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Sept 15th 1883.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - [illegible]

Date and Place of Death, - *died at* [illegible], *187*

Disease or Cause of Death, - *of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, Sept 15 *187*

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept 28, 1883
2. Name,	Arthur L. Belcher
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	~~Years,~~ 2 Months, ~~Days.~~
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	[illegible]
7. Residence,	[illegible] St. [illegible]
8. Place of Death,	[illegible] St. [illegible]
9. Occupation,	
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on Dec 21st 1883.

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased,	Arthur L. Belcher	
Date and Place of Death,	Sept 28 1883 Winthrop	
Disease, or Cause of Death, — *First or Primary,*	Cholera Infantum	*Duration of,** ~~[illegible]~~ 4 days
Disease, or Cause of Death, — *Secondary,*	Inanition	*Duration of,* 17 days

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Samuel Ingalls

Dated at Winthrop Sept 29th 1883.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

Mary L. Smith employed as servant in the family of Capt. W. B. Cooke, Pleasant Street

1. Date of Death,	Dec 18 1883
2. Name,	Mary L. Smith
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Female (Unmarried)
4. Color, †	White
5. Age,	23 Years, — Months, — Days.
6. Disease or Cause of Death, — First or Primary	—
Secondary (if any)	Diphtheria
By whom certified	—
7. Residence,	Pleasant St. Winthrop
8. Place of Death,	Pleasant St. Winthrop
9. Occupation,	House Servant
10. Place of Birth,	Westfield Mass
11. Name of Father,	—
12. Name of Mother,	—
13. Birthplace of Father,	England
14. Birthplace of Mother,	England
15. Place of Interment,	Westfield Mass
Signature of Undertaker ~~or other person~~ *making the Return,*	Sumner Floyd

DATED at Winthrop, on Dec 18 1883 188

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

For more of Smith see margin at left

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Printing Department, Deer Island, Boston Harbor.

Boston, Dec 18th 1883

This Certifies, That Mary L Smith

died on the 18th day of Dec 1883, aged 2.8 years,

months, days.

CAUSE OF DEATH. Primary, Diphtheria Duration 12 days

Secondary, Paralysis Duration

E. B. Robinson Physician.

No. 14

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	January 27, 1884
2. Name,	Sarah Belcher
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	Still Born, ~~Years~~, ~~Months~~, Infant Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Main Street Winthrop
8. Place of Death,	Main Street Winthrop
9. Occupation,	
10. Place of Birth,	Main Street Winthrop
11. Name of Father,	John Belcher
12. Name of Mother,	Annie Belcher
13. Birthplace of Father,	Rockport Nova Scotia
14. Birthplace of Mother,	Skye Channel Island
15. Place of Interment,	Winthrop Cemetery

Signature of Undertaker ~~or other person~~ *making the Return,* Sumner Floyd

DATED at Winthrop, on January 28 1884.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an Interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - .....

Date and Place of Death, - *died at* ..... 187 4.

Disease or Cause of Death, - *of* ..... *Duration of Sickness* .....

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician .....

Date of Certificate, ... 187 4

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	February 28, 1884
2. Name,	Abigail Pratfield
(Maiden Name),*	Abigail Andrews
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	63 Years, ___ Months, ___ Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	D H Soule M.D.
7. Residence,	Fremont St. Winthrop
8. Place of Death,	Fremont St. Winthrop
9. Occupation,	
10. Place of Birth,	Essex Mass
11. Name of Father,	Eben Andrews
12. Name of Mother,	Susannah Andrews
13. Birthplace of Father,	Essex Mass
14. Birthplace of Mother,	Essex Mass
15. Place of Interment,	Ipswich Mass
Signature of Undertaker ~~or other person~~ making the Return,	Simeon Floyd

DATED at Winthrop, on Febry 29 1884

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Abigail Swift [illegible]
Date and Place of Death, -	*died at* Wilbraham Feb. 22, 1874.
Disease or Cause of Death, -	*of* Enlargement of heart *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician M. S. Beale Wilbraham Mass.

Date of Certificate, Feb. 22 1874

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 21 1884
2. Name,	Jessie A. Fisher
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	Weil
5. Age,	— Years, 4 Months, — Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Fitchburg Town
8. Place of Death,	Fitchburg Town
9. Occupation,	
10. Place of Birth,	Fitchburg Town
11. Name of Father,	Edward A. Fisher
12. Name of Mother,	Annie Bailey
13. Birthplace of Father,	Worcester County
14. Birthplace of Mother,	Ireland
15. Place of Interment,	Fitchburg Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	W. A. Flagg

DATED at Fitchburg, on March 22 1884.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	84
2. Name, ...	
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed.	
4. Color, †	
5. Age, ...	Years, ... Months, ... Days.
6. Disease or Cause of Death, — First or Primary	
6. Disease or Cause of Death, — Secondary (if any)	
6. Disease or Cause of Death, — By whom certified	
7. Residence, ...	
8. Place of Death, . . .	
9. Occupation, ...	
10. Place of Birth, ...	
11. Name of Father, . . .	
12. Name of Mother, . . .	
13. Birthplace of Father, . .	
14. Birthplace of Mother, . .	
15. Place of Interment, . .	
Signature of Undertaker or other person making the Return, ...	

DATED at ....., on ..... 187 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Male

Date and Place of Death, - *died at* Windsor April 9th, 1874.

Disease or Cause of Death, - *of* Old Age *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Lovell Windsor

Date of Certificate, April 10th 1874

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . [illegible]
2. Name, ... Francis Or[illegible]
   (Maiden Name),* . . —
3. Sex, and whether single, Married, or Widowed. [illegible]
4. Color, † . . . . . [illegible]
5. Age, ... 52 Years, 8 Months, — Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified } [illegible]
7. Residence, ... [illegible]
8. Place of Death, . . . [illegible]
9. Occupation, ... [illegible]
10. Place of Birth, . . . [illegible]
11. Name of Father, . . . [illegible]
12. Name of Mother, . . . [illegible]
13. Birthplace of Father, . [illegible]
14. Birthplace of Mother, . — [illegible]
15. Place of Interment, . [illegible]

Signature of Undertaker ~~*or other person*~~ *making the Return,* . . . [illegible]

DATED at [illegible], on [illegible] 188[illegible]

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	[illegible]
Date and Place of Death, -	*died at* [illegible] *187*[illegible],
Disease or Cause of Death, -	*of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] *187*[illegible].

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible]
2. Name,	[illegible]
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female (Married)
4. Color, †	White
5. Age,	67 Years, 7 Months, 19 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	—
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on [illegible] 188[illegible]

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Lane R Above v.
May 1. 1884

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

me and Sex of Deceased, . Mrs. Jane B. Morse -

Date and Place of Death, . . May 1st. 1884, Winthrop, Mass.

Disease, or Cause of Death, { *First or Primary,* Pyaemia *Duration of,** 9 weeks

Secondary, . . . Pneumonia *Duration of,* 5 days.

Age 69 years 9 months and 4 days.

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, G. E. Walker, M.D., Winthrop, Mass.

Dated at Winthrop, Mass. May 1 18 84.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, ...
2. Name, ...
   (Maiden Name),* . .
3. Sex, and whether single, Married, or Widowed.
4. Color, † . . . . . .
5. Age, ... Years, ... Months, ... Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified
7. Residence, ...
8. Place of Death, . . .
9. Occupation, ...
10. Place of Birth, ...
11. Name of Father, . . .
12. Name of Mother, . . .
13. Birthplace of Father, . .
14. Birthplace of Mother, .
15. Place of Interment, . .

Signature of Undertaker ~~or other person~~ making the Return, ...

DATED at ....., on ..... 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . [illegible]

Date and Place of Death, . . [illegible]

Disease, or Cause of Death, { *First or Primary,* Elephantiasis Arab. *Duration of,** 1 year

{ *Secondary,* . . . *Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, W. H. Hall M.D. & E. Barlow

Dated at Winchester Mass. May 14 1884

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

Commonwealth of Massachusetts.

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . [illegible]
2. Name, ... [illegible]
   (Maiden Name),* . . [illegible]
3. Sex, and whether single, Married, or Widowed. [illegible]
4. Color, † . . . . . [illegible]
5. Age, ... 13 Years, 5 Months, 9 Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified } [illegible]
7. Residence, ... [illegible]
8. Place of Death, . . . [illegible]
9. Occupation, ... [illegible]
10. Place of Birth, . . . [illegible]
11. Name of Father, . . . [illegible]
12. Name of Mother, . . . [illegible]
13. Birthplace of Father, . [illegible]
14. Birthplace of Mother, . [illegible]
15. Place of Interment, . [illegible]

Signature of Undertaker ~~or other person~~ making the Return, ... [illegible]

DATED at [illegible], on [illegible] 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

John Hogg
June 7 '54

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - .....

Date and Place of Death, - *died at* ..... *187*..,

Disease or Cause of Death, - *of* ..... *Duration of Sickness* .....

.....

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician .....

Date of Certificate, ... *187*..

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible]
2. Name,	[illegible]
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	[illegible]
4. Color, †	[illegible]
5. Age,	65 Years, 6 Months, Days.
6. Disease or Cause of Death, — First or Primary	[illegible]
Secondary (if any)	[illegible]
By whom certified	[illegible]
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	[illegible]
10. Place of Birth,	Gardiner, N. H.
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on [illegible] 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Printing Department, Deer Island, Boston Harbor.

Boston, June 12th 1884

This Certifies, That Samuel Sugalls

died on the 11th day of June 1884, aged 65 years,

6 months, — days.

CAUSE OF DEATH. { Primary, R. R. Accident Duration
Secondary, Internal Hæmorrhage Duration

Francis A. Harris Physician.
(Chief Engineer)

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . June 19 1884
2. Name, ... George E. Hewett
   (Maiden Name),* . . —
3. Sex, and whether single, Married, or Widowed. Male Married
4. Color, † . . . . . White
5. Age, ... 50 Years, 3 Months, 7 Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified } [illegible]
7. Residence, ... Boyle [illegible]
8. Place of Death, . . . Boyle [illegible]
9. Occupation, ... Carpenter
10. Place of Birth, ... [illegible]
11. Name of Father, . . . [illegible]
12. Name of Mother, . . . [illegible]
13. Birthplace of Father, . . [illegible]
14. Birthplace of Mother, . . [illegible]
15. Place of Interment, . . [illegible]

Signature of Undertaker ~~or other person~~ making the Return; . . . . [illegible]

DATED at [illegible], on June 20 188[illegible]

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . . [illegible] (Male)

Date and Place of Death, . . Brighton, Mass. June 17. 1874.

Disease, or Cause of Death, { *First or Primary,* ..... *Duration of,** .....

Secondary, . . . Phthisis Pulmonalis *Duration of,* 7 years.

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, M. E. McCarthy M.D. Brighton, Mass.

Dated at Brighton, Mass. June 20, 1874.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible]
2. Name, ...	Annie Dorset
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	
5. Age, ...	5 Years, 7 Months, Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Tewksbury
8. Place of Death, . . .	Mass. Hospital
9. Occupation, ...	
10. Place of Birth, . . .	England
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	England
14. Birthplace of Mother,	
15. Place of Interment, . .	[illegible]
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at ..... on ..... 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Annie Dorset

Date and Place of Death, - died at Great Hard Farm 22nd 188 4.

Disease or Cause of Death, - of Tubercular Meningitis *Duration of Sickness* 2 Weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, [illegible]

Date of Certificate, [illegible] 188 .

*Or Sex of Infant (not named).

[*Extracts from Chapter* 32 *of the Public Statutes*, 1882.]

"SECT. 3.—A Physician who has attended a person during his last illness, shall, when requested within fifteen days after the decease of such person, *forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same."

"SECT. 5.—No human body shall be buried, or removed from any city or town, until a proper certificate has been given, by the clerk or registrar, to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the Physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar."

[If there has been no physician in attendance, or in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the Board of Health, or any physician employed by any city or town for such purpose, shall, upon application, sign the certificate of the cause of death, to the best of his knowledge and belief. In case of death by violence, the medical examiner attending shall furnish the requisite certificate.]

No.....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 5 — 1882
2. Name,	Rosetta Stratton
(Maiden Name),*	Rosetta Falls
3. Sex, and whether single, Married, or Widowed.	Widow
4. Color, †	W
5. Age,	77 Years, Months, 8 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	Dr Searle
7. Residence,	Schoolcraft
8. Place of Death,	Winthrop
9. Occupation,	
10. Place of Birth,	Maine
11. Name of Father,	David Falls
12. Name of Mother,	Hannah Falls
13. Birthplace of Father,	Maine
14. Birthplace of Mother,	Maine
15. Place of Interment,	Lynn
Signature of Undertaker or other person making the Return,	W W Schoonmaker

DATED at Winthrop, on July 6 1882

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 2 1881
2. Name,	Bill Russell
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male married
4. Color,†	White
5. Age,	65 Years, 7 Months, 28 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Fremont St. North of
8. Place of Death,	Fremont St North of
9. Occupation,	Farmer
10. Place of Birth,	North of Maine
11. Name of Father,	Ebenezer Russell
12. Name of Mother,	Eliza Russell
13. Birthplace of Father,	Winthrop Maine
14. Birthplace of Mother,	North of Maine
15. Place of Interment,	North of Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at North Hope, on July 11 188 1.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - .....

Date and Place of Death, - *died at* ....., ... *187* .

Disease or Cause of Death, - *of* ..... *Duration of Sickness* .....

.....

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician .....

Date of Certificate, ... *187* .

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible]
2. Name,	[illegible]
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	[illegible]
4. Color, †	[illegible]
5. Age,	Years, 5 Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at Methuen, on [illegible] 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Nellie O'Connor ✓

Jug 20 84

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Nelly O'Connor, female	
Date and Place of Death, . .	Sea Shore home. Winthrop Mass. July 20th 1884.	
Disease, Cause of Death, — *First or Primary,*	Marasmus.	*Duration of,** 3 mos.
Disease, Cause of Death, — *Secondary,* . . .	Multiple abscesses.	*Duration of,* 3 mos

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Chas. T. Williams MD. Revere, Boston.

Dated at Winthrop Mass July 20th 1884.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

☞Fill out in ink. When married erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, August 2 1884

Name, Stephen D. Boyton Color,† w.

Age ..... years ..... Months ..... 16 days

Place of death } Quincy st Winthrop WARD .....
Street and No. }

Residence, Winthrop Sex, M. Single, ~~Married.~~

Occupation, Clerk Wife of

Birthplace* Winthrop Widow of

Name of Father, Stephen

Name of Mother, Catherine

Birthplace of Father,* Ireland

Birthplace of Mother,*

Cause of } Primary, Duration,
Death } Secondary, Duration,

Place of Interment, Holy Cross Malden

Date of Interment or Removal, July 4

Undertaker or Informant, John J. Kelly

☞*Insert Town and State. †State whether white or black.

1

~~Boston~~, Winthrop Sep. 2 1884

This Certifies, That Stephen A. Weyhen

died on the 2 day of Aug. 1884, aged ~~years~~,

1 month 4 days.

CAUSE OF DEATH.	Primary,		Duration
	Secondary,		Duration

Physician.

Printing Department, Deer Island, Boston Harbor.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug 6th
2. Name,	Richard Reid
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color, †	W
5. Age,	2 Years, 6 Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	6 [illegible]
8. Place of Death,	Sea Shore Home
9. Occupation,	
10. Place of Birth,	Boston
11. Name of Father,	James
12. Name of Mother,	Joanna
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	" "
15. Place of Interment,	Calvary
Signature of Undertaker or other person making the Return,	James Cotter

DATED at ....., on ..... 187 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased,	Richard Read.	male.
Date and Place of Death,	Sea Shore Home, Winthrop, Mass.	Aug 6th 1884.
Disease, or Cause of Death, — *First or Primary,*	Heart Disease	*Duration of,** 3 mos.
Disease, or Cause of Death, — *Secondary,*	" "	*Duration of,* "

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Geo. F. Williams M.D. Roxbury. Mass

Dated at Winthrop Aug 6th 1884.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

☞ Fill out in ink. When married erase "single" and "widow"; when widowed, erase "single" and "married."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, Aug. 18th 1884

Name, Ariel Blodgett Color,† W.

Age 81 years 8 Months 20 days

Place of death Street and No. } Ocean Spray WARD —

Residence 25 Union Pk Boston Sex, M ~~Single~~, Married.

Occupation, Gentleman ~~Wife of~~ Widower

Birthplace* Whitingham Vt. ~~Widow of~~

Name of Father, Reuben

Name of Mother, Esther

Birthplace of Father,* Vermont

Birthplace of Mother,* "

Cause of Death } Primary, Duration,

Secondary, Duration,

Place of Interment, Bakersfield, Vt.

Date of Interment or Removal, Aug 20th 1884

Undertaker or Informant,

☞ *Insert Town and State. †State whether white or black.

Anna Blowers
Aug 18. 84 ✓

Boston, Aug 18th 1884

This Certifies, That Ariel B Lodgell

died on the 18th day of Aug 1884, aged 81 years,

8 months, 20 days.

CAUSE OF DEATH. Primary, Cold. Duration

Secondary, Congestion of lungs Duration 3 days.

J. Jackson Physician.

Printing Department, Deer Island, Boston Harbor.

106 Cambridge

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 24 1884
2. Name,	Thomas J. Calder
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male (married)
4. Color, †	White
5. Age,	3 Years, 1 Months, [illegible] Days.
6. Disease or Cause of Death, — First or Primary	[illegible]
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	Fruit Dealer
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on August 25 188[illegible]

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -	[illegible]
Date and Place of Death, -	died at [illegible] 187[illegible].
Disease or Cause of Death, -	of [illegible] Duration of Sickness [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] 187 .

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 27 1884
2. Name,	[illegible]
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male Widow
4. Color, †	White
5. Age,	Years, Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	
8. Place of Death,	
9. Occupation,	
10. Place of Birth,	Nashua St. [illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	Mrs " " "
13. Birthplace of Father,	
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible] Lyd.

DATED at [illegible], on August 28 1884.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - -	Male
ate and Place of Death, -	died at [illegible], Al 187[illegible]
sease or Cause of Death, -	of [illegible] Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician [illegible]

Date of Certificate, Sept 2[illegible] 187[illegible]

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept 12 1884
2. Name,	Geo. Capt
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color, †	White
5. Age,	27 Years, Months. Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified,	
7. Residence,	[illegible]
8. Place of Death,	" " "
9. Occupation,	[illegible]
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	" "
15. Place of Interment,	[illegible]
Signature of Undertaker or other person making the Return,	[illegible]

DATED at ....., on ..... 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

Printing Department, Deer Island, Boston Harbor.

Boston, [illegible] *188*

This Certifies, *That* [illegible]

died on the 12 *day of* [illegible] *188*[illegible], *aged* [illegible] *years,*

months, *days.*

CAUSE OF DEATH. { *Primary,* [illegible] *Duration* [illegible]
Secondary, [illegible] *Duration* [illegible]

Benjamin. F. Smith,
Undertaker.
No 251 Tremont St,
Boston. Mass

[illegible] *Physician.*

Dr Dergin

Geo O Jones
Sept 19th 54

No.....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sep 21 1884
2. Name,	Phebe J Parker
(Maiden Name),*	Baker
3. Sex, and whether single, Married, or Widowed.	Widow
4. Color, †	
5. Age,	62 Years, ... Months, ... Days.
6. Disease or Cause of Death, — First or Primary	Ovarian Tumor
Secondary (if any)	
By whom certified	T. H. L. Briard M. D.
7. Residence,	Milford Mass
8. Place of Death,	Winthrop
9. Occupation,	Music Teacher
10. Place of Birth,	No Salem N Y
11. Name of Father,	Horace Baker
12. Name of Mother,	[illegible]
13. Birthplace of Father,	No Salem N Y
14. Birthplace of Mother,	Bedford N Y
15. Place of Interment,	Milford Mass
Signature of Undertaker or other person making the Return,	Wood & [illegible] Milford Mass

DATED at Winthrop, on Sep 22 1884

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Sept 21.
Rec'd Parks

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Frank [illegible] Carter

Date and Place of Death, - died at Winthrop Mass. December 21st 1884.

Disease or Cause of Death, - of Ovarian Tumor *Duration of Sickness* sick for about five months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, T. H. L. Briard. 115 Boylston St. Boston Mass

Date of Certificate Sept 22nd 1884

*Or Sex of Infant (not named).

[*Extracts from Chapter* 32 *of the Public Statutes*, 1882.]

"SECT. 3.—A Physician who has attended a person during his last illness, shall, when requested within fifteen days after the decease of such person, *forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same."

"SECT. 5.—No human body shall be buried, or removed from any city or town, until a proper certificate has been given, by the clerk or registrar, to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the Physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar."

[If there has been no physician in attendance, or in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the Board of Health, or any physician employed by any city or town for such purpose, shall, upon application, sign the certificate of the cause of death, to the best of his knowledge and belief. In case of death by violence, the medical examiner attending shall furnish the requisite certificate.]

[illegible] OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible] 0th, 84
2. Name,	Hannah Sawyer
(Maiden Name),*	Hanna Libby
3. Sex, and whether single, Married, or Widowed,	Widow
4. Color, †	
5. Age,	72 Years, 6 Months, Days.
6. Disease or Cause of Death,	Obliteration of Heart
Duration of Sickness,	Four days
By whom certified,	[illegible] M.D.
7. Residence,	Vinalhaven Maine
8. Place of Death,	Vinalhaven Maine
9. Occupation,	
10. Place of Birth,	Rockland Maine
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Vinalhaven Maine
Signature of Undertaker or other person making the Return,	

DATED at Vinalhaven, on December 1st 1884

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Glasgow Ucorge
Nov 30 - 84

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*ne of Deceased,** - - -	.....
and Place of Death, -	*died at* ....., ...187
ise or Cause of Death, -	*of* ..... *Duration of Sickness* .....

.....

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician .....

Date of Certificate, ...187

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of suc person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and th date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registratio of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing th burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have bee returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause o Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of sai clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where th certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board o Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best o his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	February 20 " 1885.
2. Name,	Arthur H. Atwood
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	Still Born Years, Months, Days. Infant
6. Disease or Cause of Death, — First or Primary	Scald feed
Secondary (if any)	
By whom certified	by Dr. Geo. E. McCarthy
7. Residence,	Winthrop Mass
8. Place of Death,	Pleasant Street
9. Occupation,	
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Arthur H. Atwood
12. Name of Mother,	Mary A. Atwood
13. Birthplace of Father,	Grinnell Iowa
14. Birthplace of Mother,	Boston Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on February 21 1885.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts---together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Arthur H. Alwood Jr. male		
Date and Place of Death, . .	Feb 28 1885 Winthrop Mass		
Disease, Cause of Death,	*First or Primary,*	Asphyxia	*Duration of,** 1 hour
	Secondary, . . .		*Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Geo. E. McCarthy M.D. Winthrop Mass

Dated at Winthrop Mass Feb 28 1885.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 25 1885
2. Name,	Chandler Crocker
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Male, Married
4. Color, †	White
5. Age,	78 Years, — Months, — Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Auburn Street
8. Place of Death,	Ocean View House
9. Occupation,	Farmer Trader
10. Place of Birth,	Dennis Mass
11. Name of Father,	Samuel Crocker
12. Name of Mother,	Comfort Crocker
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Eastern Mass
Signature of Undertaker ~~or other person~~ making the Return,	Lemuel Freeman

DATED at Newton, on March 26 188 5

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

e of Deceased,* - - -	[illegible]
and Place of Death, -	died at [illegible] March 24 ..... 1875;
se or Cause of Death, -	of [illegible] Sphenus Duration of Sickness [illegible]

I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] 1875.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of such clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Nov. 28 1885
2. Name, ... Hiro Bidelen
   (Maiden Name),* . . .
3. Sex, and whether single, Married, or Widowed. [illegible]
4. Color, † . . . . . [illegible]
5. Age, ... — Years, — Months, 1 Days
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified } [illegible]
7. Residence, ... [illegible]
8. Place of Death, . . . [illegible]
9. Occupation, ... [illegible]
10. Place of Birth, . . . [illegible]
11. Name of Father, . . . [illegible]
12. Name of Mother, . . [illegible]
13. Birthplace of Father, . [illegible]
14. Birthplace of Mother, . [illegible]
15. Place of Interment, . . [illegible]

Signature of Undertaker ~~or other person~~ making the Return, ... [illegible]

DATED at [illegible], on March 21 1885.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -	[illegible]
Date and Place of Death, -	died at [illegible] 187[illegible]
Disease or Cause of Death, -	of [illegible] Duration of Sickness [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] 187[illegible]

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Oct 25 1885
2. Name,	Kate H[illegible]
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	F[illegible]
4. Color, †	[illegible]
5. Age,	— Years, 8 Months, — Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible] America
9. Occupation,	—
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible] Lancaster Mass [illegible]

DATED at [illegible], on Oct 27 1885.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Katie Holmes (female) age 2 months		
Date and Place of Death, . .	Winthrop, Mass.		
Disease, Cause Death, — *First or Primary,*	Bronchitis	*Duration of,**	4 days
Disease, Cause Death, — *Secondary,* . . .	Bronchial Pneumonia	*Duration of,*	24 hours

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Geo E. McCarthy M.D. Winthrop Mass.

Dated at Winthrop Aug 9 1885.

Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible]
2. Name,	[illegible]
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	[illegible]
4. Color,†	[illegible]
5. Age,	27 Years, — Months, — Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	[illegible]
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	[illegible]
10. Place of Birth,	E. Bro[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible] Boyd

DATED at [illegible], on [illegible] 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - -	Jane Prosser
Date and Place of Death, -	died at Mt Stewart 187
Disease or Cause of Death, -	of Consumption Duration of Sickness [illegible]

I certify that the above is true, to the best of my knowledge and belief.

ame and Residence of Certifying Physician Wm S Scale Mt Stewart

Date of Certificate, May 8 187

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 19 1885
2. Name,	Melissa J. Floyd
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	34 Years, ~ Months, ~ Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Whitinsville Mass
8. Place of Death,	Mani Co Mass
9. Occupation,	
10. Place of Birth,	Gloucester Mass
11. Name of Father,	James Fleming
12. Name of Mother,	Margaret A Fleming
13. Birthplace of Father.	
14. Birthplace of Mother.	Anthony Mass
15. Place of Interment,	Whitinsville Mass
Signature of Undertaker ~~or other person~~ making the Return,	Solomon Floyd

DATED at Whitinsville, on May 20 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible]
2. Name,	[illegible]
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	Years, Months, Days.
6. Disease or Cause of Death, — First or Primary	Diphtheria
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	—
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on July 4 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Clarence Trewargy (male)	
Date and Place of Death, . .	July 3, 1883 Winthrop	
Disease, or Cause of Death, — *First or Primary,*	Diphtheria	*Duration of,** 1 week
Secondary, . . .		*Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Geo. E. McCarthy M.D. Winthrop Mass.

Dated at Winthrop *July* 4 1883.

very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 12th 1885.
2. Name,	Harriet Gilbert
(Maiden Name),*	Phillips
3. Sex, and whether single. Married, or Widowed.	Female Widow
4. Color, †	White
5. Age,	63 Years, 5 Months, ... Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop
8. Place of Death,	Dawes Cottage
9. Occupation,	
10. Place of Birth,	Boston Mass.
11. Name of Father,	John L. Phillips
12. Name of Mother,	Sallie "
13. Birthplace of Father,	Boston Mass.
14. Birthplace of Mother,	" "
15. Place of Interment,	Cambridge Cem't.
Signature of Undertaker or other person making the Return,	W. E. Brown

DATED at Winthrop, on July 13th 1885.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop, ~~Boston~~, July 13th 1885.

This Certifies, That Harriet Gillert

died on the 12th day of July 1885, aged 63 years,

5 months, ... days.

CAUSE OF DEATH.	Primary,	Rheumatism	Duration ....
	Secondary,	Heart Disease	Duration

Geo. E. McCarthy M.D. Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 18 1885
2. Name,	Lucia V. Allen
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	4 Years, 8 Months, — Days.
6. Disease or Cause of Death, — First or Primary	Diphtheria
Secondary (if any)	
By whom certified	
7. Residence,	Hardwick Mass
8. Place of Death,	Hardwick, Mass
9. Occupation,	
10. Place of Birth,	Enfield N.H.
11. Name of Father,	Henry A. Allen
12. Name of Mother,	Cynthia H. Allen
13. Birthplace of Father,	Enfield N.H.
14. Birthplace of Mother,	Enfield N.H.
15. Place of Interment,	Hardwick Mass
Signature of Undertaker ~~or other person~~ making the Return,	Lorenzo Floyd

DATED at Hardwick, on July 19 1885.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

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PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - -	Louis L. Allen
Date and Place of Death, -	*died at* Winthrop July 15 *187*,
Disease or Cause of Death, -	*of* Blood poisoning *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician F. Lovell Winthrop

Date of Certificate, July 26 *187*

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 22 "1885
2. Name,	Mary E. Gee Daughter
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	— Years, 5 Months, — Days.
6. Disease or Cause of Death, — First or Primary	Cholera
Secondary (if any)	Infantum
By whom certified	
7. Residence,	Northfield Mass
8. Place of Death,	Red Gate
9. Occupation,	—
10. Place of Birth,	Northfield, Red Gate
11. Name of Father,	John Gee Jr
12. Name of Mother,	Annie P. Gee Daughter
13. Birthplace of Father,	England
14. Birthplace of Mother,	East Tennessee
15. Place of Interment,	Northfield Cem Burial
Signature of Undertaker or other person making the Return,	Susan Hayes

DATED at Northfield, on July 22 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

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PHYSICIAN'S CERTIFICATE.

me of Deceased,* - - -	Mary [illegible]
te and Place of Death, -	died at [illegible] 187[illegible],
ease or Cause of Death, -	of Cholera Infantum Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician [illegible]

Date of Certificate, [illegible] 187[illegible].

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of suc
person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and th
date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registrat
of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, unt
proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing
burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have b
returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Caus
Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of
clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where
certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Bo
Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the b
his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 22nd 1885.
2. Name,	Walter B. Morris
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	75 Years, 4 Months, ... Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop, Mass.
8. Place of Death,	Shirley St.
9. Occupation,	Machinist
10. Place of Birth,	Dedham Mass
11. Name of Father,	
12. Name of Mother,	Sarah
13. Birthplace of Father,	Mass.
14. Birthplace of Mother,	
15. Place of Interment,	Springfield Mass
Signature of Undertaker ~~or other person~~ making the Return,	W. E. Brown

DATED at Winthrop, on July 22nd 1885.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop ~~Boston~~, July 22nd 1885.

This Certifies, That Walter B. Morris died on the 22nd day of July 1885, aged 75 years, 4 months, days.

CAUSE OF DEATH. Primary, Apoplexy Duration 3 days
Secondary, Duration

S. H. Durgin, Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Timothy McCarthy
2. Name,	Date July 22" 1883 -
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	—
4. Color, †	White
5. Age,	Years, 3 Months, Days.
6. Disease or Cause of Death,	Diarrhoea
Duration of Sickness,	
By whom certified,	
7. Residence,	6 Fayson Roxbury
8. Place of Death,	S.S. Home Winthrop
9. Occupation,	
10. Place of Birth,	Boston
11. Name of Father,	
12. Name of Mother,	Arthur McCarthy
13. Birthplace of Father,	—
14. Birthplace of Mother,	Ireland
15. Place of Interment,	Roxbury
Signature of Undertaker ~~or other person~~ making the Return,	S. Floyd

DATED at Winthrop, on July 23" 1883.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Timothy McCarty.

Date and Place of Death, - died at Winthrop, Mass. July 22, 1885

Disease or Cause of Death, - of Diarrhoea Duration of Sickness 6 days.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Dr. J. A. Potter, 40 Crescent St. Roxbury Mass.

Date of Certificate, July 31. 1885.

*Or Sex of Infant (not named)

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 25 1885
2. Name,	Henry Brum
(Maiden Name).*	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	— Years, 3 Months, — Days.
6. **Disease or Cause of Death,**	Diarrhoea
Duration of Sickness,	
By whom certified,	
7. Residence,	Malden Mass
8. Place of Death,	S.S. Home Hutchins
9. Occupation,	—
10. Place of Birth,	Malden Boston
11. Name of Father,	—
12. Name of Mother,	Carrie Brum
13. Birthplace of Father,	—
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	Temporary deposit Tom Rec Tomb
Signature of Undertaker ~~or other person~~ making the Return,	S. Floyd

DATED at Hutchins, on July 26 1885

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** Henry Brown.

Date and Place of Death, died at Winthrop, Mass. July 25 1885.

Disease or Cause of Death, of Diarrhoea. *Duration of Sickness* 3 wks.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Dr. J. A. Potter, 40 Perin St. Roxbury, Mass.

Date of Certificate, July 31 1885.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 25 July
2. Name,	Franklin Tyler
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	Years, 2 Months, Days.
6. **Disease or Cause of Death, Duration of Sickness, By whom certified,**	[illegible]
7. Residence,	Boston Mass 56 Oak
8. Place of Death,	8 Hume Winthrop
9. Occupation,	
10. Place of Birth,	Boston Mass
11. Name of Father,	Tyler
12. Name of Mother,	Angie Tyler
13. Birthplace of Father,	Maine
14. Birthplace of Mother,	Lewiston
15. Place of Interment,	Mount Hope
Signature of Undertaker ~~or other person~~ making the Return,	S. F. Floyd

Winthrop

DATED at July 25, on July 25, 185 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** Franklyn Tyler.

Date and Place of Death, died at Hinkhoff, Mass. July 25 1885.

Disease or Cause of Death, of Diarrhoea, *Duration of Sickness* 2 wks.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Certifying Physician, W. C. A. Potter, 40 Tremont St. Roxbury, Mass.

Date of Certificate, July 31 1885.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 25th 1885
2. Name,	Mirhona Scott
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	Black
5. Age,	— Years, 2 Months, — Days.
6. **Disease or Cause of Death,**	Diarrhoea
Duration of Sickness,	
By whom certified,	
7. Residence,	14 Anderson Boston
8. Place of Death,	S. Boston Institute
9. Occupation,	—
10. Place of Birth,	Boston
11. Name of Father,	
12. Name of Mother,	Elizabeth Scott
13. Birthplace of Father,	—
14. Birthplace of Mother,	—
15. Place of Interment,	Boston Mass
Signature of Undertaker ~~or other person~~ making the Return,	S. Floyd

DATED at Roxbury, on July 26 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Minona Scott.

Date and Place of Death, died at Winthrop Mass. July 25. 1885.

Disease or Cause of Death, of Diarrhoea. Duration of Sickness 5 days.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Dr. J. A. Potter, to Jerrin H. Roxbury, Mass.

Date of Certificate, July 31. 1885.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 25 1885
2. Name,	Ray Aubrey Phinney
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	7 Years, 11 Months, 2 Days.
6. Disease or Cause of Death, — First or Primary	Tabes mesenterica
Secondary (if any)	
By whom certified	
7. Residence,	Cambridge
8. Place of Death,	Ocean View Cottage
9. Occupation,	—
10. Place of Birth,	Boston
11. Name of Father,	Edwin A. Phinney
12. Name of Mother,	Fanny Phinney
13. Birthplace of Father,	St. John N.B.
14. Birthplace of Mother,	Charlottetown
15. Place of Interment,	Smithfield Rev. James Church Yard
Signature of Undertaker or other person making the Return,	Edward [illegible]

DATED at Northfield, on July 26 188[illegible]

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*me of Deceased,** - - -	Mary C. Shirley
te and Place of Death, -	died at Winthrop July 26 1878
ease or Cause of Death, -	of Sudden unknown Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician M. S. Steele Winthrop

Date of Certificate, July 26 1878

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 27 1[illegible]
2. Name,	Eliza Patrick
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	Years, 5 Months, 18 Days.
6. Disease or Cause of Death, — First or Primary	Diarrhoea
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	
10. Place of Birth,	~~[illegible]~~ Boston
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on July 27 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - Lizzie Patrick.

Date and Place of Death, - died at Winthrop, Mass July 27 1885.

Disease or Cause of Death, - of Diarrhoea. Duration of Sickness 4 wks.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Dr. J. A. Potter, 40 Perrin St. Roxbury.

Date of Certificate, July 31. 1885.

*Or Sex of Infant (not named)

Mass.

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 28 "1885
2. Name,	Charles Schoenfeldt
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	2 Years, — Months, — Days.
6. Disease or Cause of Death,	Diarrhoea
Duration of Sickness,	
By whom certified,	
7. Residence,	Roxbury 1232 Tremont St
8. Place of Death,	1232 Tremont St
9. Occupation,	
10. Place of Birth,	Roxbury Mass
11. Name of Father,	[illegible]
12. Name of Mother,	Sophia [illegible]
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Forest Hills
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Charles Schornfeldt.

Date and Place of Death, - died at Winthrop, Mass. July 28. 188 5.

Disease or Cause of Death, - of Diarrhoea, *Duration of Sickness* 4 wks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, D. T. H. Potter 40 Jessie St. Roxbury Mass

Date of Certificate, July 31 188 5.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 30 / 1885
2. Name,	James Ryan
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	0 Years, 9 Months, Days.
6. Disease or Cause of Death,	Diarrhoea.
Duration of Sickness,	5 wks
By whom certified,	Dr. S. A. Potter
7. Residence,	Boston.
8. Place of Death,	Winthrop, Mass
9. Occupation,	
10. Place of Birth,	Boston.
11. Name of Father,	John Ryan
12. Name of Mother,	Mary Ryan
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	Ireland
15. Place of Interment,	Malden, Mass
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on July 30 1885

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - James Ryan.

Date and Place of Death, - died at Winthrop, Mass. July 30 1885.

Disease or Cause of Death, - of Diarrhoea, Duration of Sickness 5 wks.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Dr. J. A. Potter, 40 Crescent St. Roxbury, Mass.

Date of Certificate, July 31. 1885.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 31. 1885
2. Name,	Francis E. McAuley.
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female -
4. Color, †	White -
5. Age,	0 Years, 7 Months, Days.
6. Disease or Cause of Death,	Diarrhoea.
Duration of Sickness,	
By whom certified,	Dr. J. A. Potter.
7. Residence,	33 Oak St. Boston.
8. Place of Death,	Winthrop. Mass.
9. Occupation,	
10. Place of Birth,	Boston.
11. Name of Father,	Wm A. McAuley.
12. Name of Mother,	Kate McAuley.
13. Birthplace of Father,	Nova Scotia.
14. Birthplace of Mother,	St. Johns. New Brunswick.
15. Place of Interment,	
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Royal

DATED at Winthrop, on Aug. 1. 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

me of Deceased,* - - - Francis E. McAuley

te and Place of Death, - died at Winthrop Mass. July 31, 1885.

ease or Cause of Death, - of Diarrhoea Duration of Sickness 4 wks.

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician, Dr. S. A. Potter, 40 Perin St. Roxbury, Mass.

Date of Certificate, August 1, 1885.

*Or Sex of Infant (not named)

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF DEATH TO THE CITY REGISTRAR.

Town Clerk Winthrop

~~CITY~~ HALL, BOSTON.

Date of Death, Dec 1 1885

Name, Sarah Johnston Color,† W

Age 55 years Months days.

Place of Death Street and No. } Ocean Spray Winthrop Mass **WARD**

Residence, Boston Mass Sex, F ~~Single,~~ Married.

Occupation, Wife of Charles B

Birthplace* Ireland Widow of

Name of Father, Michael Tyner

Name of Mother, Susan

Birthplace of Father,* Ireland

Birthplace of Mother,* "

Cause of Death } Primary, Duration,

Secondary, Duration,

Place of Interment, Forest Hills

Date of Interment or removal, Aug 2

Undertaker or Informant, Benj F Smith

Benjamin. F. Smith,

Undertaker.

No 251 Tremont St,

Boston Mass

☞* Insert Town and State. † State whether white or black.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Winthrop ~~Boston~~, August 1st 1885

This Certifies, That Sarah Johnston

died on the 1 day of Aug 1885, aged 55 years,

months, days.

CAUSE OF DEATH. Primary, Dysentery Duration 3 days

Secondary, Duration

Benjamin F. Smith,
Undertaker.
No 251 Tremont St.
Boston Mass

S. A. Durgin, Physician.

Dr Durgin

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug. 1. 1885.
2. Name,	Charles J. Lampron.
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male.
4. Color, †	White
5. Age,	0 Years, 11 Months, 13 Days.
6. Disease or Cause of Death,	Dysentery.
Duration of Sickness,	4 days
By whom certified,	Dr. J. A. Potter.
7. Residence,	Winthrop, Mass.
8. Place of Death,	Winthrop
9. Occupation,	
10. Place of Birth,	Cambridge, Mass.
11. Name of Father,	Edw. C. Lampron.
12. Name of Mother,	Annie Lampron.
13. Birthplace of Father,	Lapie du Fere, Province
14. Birthplace of Mother,	Cambridge, Mass. Province of Quebec.
15. Place of Interment,	~~Calvary Cem. Boston~~ Holy Cross Cemetery - Malden
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Aug. 7. 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Charles J. Lamprey,

Date and Place of Death, died at Winthrop, Mass. Aug. 1 1885.

Disease or Cause of Death, of Dysentery, Duration of Sickness 4 days,

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, T. Allen Potter, 40 Perrin St. Roxbury.

Date of Certificate, July 25, 1886.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 8-1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 9th 1895
2. Name,	Archie A. Richer
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	17 Years, 1 Months, 27 Days.
6. Disease or Cause of Death, — First or Primary	Diphtheria
Secondary (if any)	
By whom certified	
7. Residence,	Southbridge Mass
8. Place of Death,	Southbridge Mass
9. Occupation,	—
10. Place of Birth,	Southbridge Mass
11. Name of Father,	Clarence A. Richer
12. Name of Mother,	~~Rosa~~ Nellie M. Richer
13. Birthplace of Father,	Southbridge Mass
14. Birthplace of Mother,	Grand Pre Nova Scotia
15. Place of Interment,	Southbridge Mass
Signature of Undertaker ~~or other person~~ making the Return,	Warren Hope

DATED at Southbridge, on Aug 11 1895.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug. 15th 1885
2. Name, ...	Benj. C. Ford.
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male Single
4. Color, †	White
5. Age, ...	27 Years, ... Months, ... Days.
6. Disease or Cause of Death, { First or Primary	
{ Secondary (if any)	
{ By whom certified	
7. Residence, ...	Winthrop
8. Place of Death, . . .	11 Irving St. Q. Squay
9. Occupation, ...	Architect
10. Place of Birth, ...	Boston Mass.
11. Name of Father, . . .	George H.
12. Name of Mother, . . .	Mary
13. Birthplace of Father, . .	Schiland Mass
14. Birthplace of Mother, . .	Ireland.
15. Place of Interment, . .	Boston
Signature of Undertaker or other person making the Return, ...	H. E. Brown

DATED at Winthrop, on Aug. 16th 1885.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop ~~Boston~~, August 15th 1885.

This Certifies, *That* Benj. C. Pond

died on the 15th *day of* Aug. 1885, *aged* 27 *years,*

..... *months,* ..... *days.*

CAUSE OF DEATH. { *Primary,* Dysentery *Duration* 11 days
Secondary, Typhoid Fever *Duration* 6 days

Samuel H. Durgin *Physician.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible]
2. Name, ...	[illegible]
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age, ...	Years, ... Months, 16 Days.
6. Disease or Cause of Death, — First or Primary	[illegible]
Secondary (if any)	[illegible]
By whom certified	[illegible]
7. Residence, ...	[illegible]
8. Place of Death, . . .	[illegible]
9. Occupation, ...	—
10. Place of Birth, ...	[illegible]
11. Name of Father, . . .	[illegible]
12. Name of Mother, . . .	[illegible]
13. Birthplace of Father, . .	[illegible]
14. Birthplace of Mother. .	[illegible]
15. Place of Interment, . .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*e of Deceased,** - - -	[illegible]
and Place of Death, -	*died at* [illegible] *187*[illegible],
ase or Cause of Death, -	*of* Syncope *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician [illegible] Street [illegible]

Date of Certificate, [illegible] *187*[illegible].

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registr of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, u proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cau Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Boa Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the be his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Aug. 24, 1885.
2. Name.	Charles Reilly.
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed.	Male.
4. Color. †	white.
5. Age.	3 Years, 0 Months, 0 Days.
6. Disease or Cause of Death,	Intracular Meningitis.
Duration of Sickness,	Two weeks, 4 days.
By whom certified,	Dr. S. A. Potter.
7. Residence.	8 Cheney St. Boston.
8. Place of Death.	Winthrop, Mass.
9. Occupation.	
10. Place of Birth.	England.
11. Name of Father.	Charles Reilly.
12. Name of Mother.	Ellen Reilly.
13. Birthplace of Father.	London, England.
14. Birthplace of Mother.	" "
15. Place of Interment.	Empty Tomb in Forest Hill
Signature of Undertaker ~~or other person making~~ the Return.	Dennis Fogl

DATED at Winthrop. on Aug. 24. 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

me of Deceased,* Charles Reilly.

te and Place of Death, died at Winthrop. Mass. Aug. 24 1885.

ease or Cause of Death, of Tubercular meningitis Duration of Sickness 18 days.

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, Dr. S. A. Potter, 40 Perrin St. Roxbury. Mass.

Date of Certificate, Aug. 24. 1885.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug. 25. 1885.
2. Name,	Nellie Driscoll.
(Maiden Name).*	
3. Sex, and whether single, Married, or Widowed,	Female.
4. Color. †	White.
5. Age,	6 Years, 9 Months, 0 Days.
6. Disease or Cause of Death,	Cholera Infantum.
Duration of Sickness,	14 Days.
By whom certified,	Dr. S. A. Potter.
7. Residence,	2 Lawrence Pl. Boston.
8. Place of Death,	Winthrop Mass.
9. Occupation,	
10. Place of Birth,	Boston.
11. Name of Father,	Timothy Driscoll.
12. Name of Mother,	Mary Driscoll.
13. Birthplace of Father,	Boston - Mass.
14. Birthplace of Mother,	Ireland.
15. Place of Interment,	Cambridge. Mass.
Signature of Undertaker or other person making the Return,	

DATED at Winthrop, on Aug. 25, 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - Nellie Driscoll

ate and Place of Death, - died at Winthrop, Mass. Aug. 25 188 3.

sease or Cause of Death, - of Cholera Infantum Duration of Sickness 14 days.

I certify that the above is true, to the best of my knowledge and belief.

me and Residence of Certifying Physician, T. A. Potter. 40 Pearl St. Roxbury.

Date of Certificate, Aug. 26 188 3.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Aug. 26. 1885.
2. Name.	Edith Taylor.
(Maiden Name).*	
3. Sex, and whether single, Married, or Widowed.	Female.
4. Color. †	White.
5. Age.	0 Years, 3 Months, 0 Days.
6. Disease or Cause of Death,	Cholera Infantum.
Duration of Sickness,	1 day.
By whom certified,	Dr. S. A. Potter.
7. Residence.	83 Green St. Charlestown.
8. Place of Death.	Winthrop, Mass
9. Occupation.	
10. Place of Birth.	[illegible]
11. Name of Father.	[illegible]
12. Name of Mother.	Ella B. Taylor.
13. Birthplace of Father.	[illegible]
14. Birthplace of Mother.	[illegible]
15. Place of Interment.	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at Winthrop, on Aug. 26. 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - - Edith Taylor.

ate and Place of Death, - died at Winthrop. Aug. 26. 188 5.

sease or Cause of Death, of Cholera Infantum Duration of Sickness 2 weeks.

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician, Dr. J. A. Potter to Perrin St. Roxbury, Mass.

Date of Certificate, Aug. 26. 1885.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	Infant daughter of Elias R Caswell of Worcester
Date and Place of Death, . .	Winthrop Sept 1 1883
Disease, Cause of Death, First or Primary,	Duration of,*
Disease, Cause of Death, Secondary, . . .	Duration of,

Premature birth at 7 months. Lived about 9 hours. Died from insufficient development of the cardiac valve of heart.

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Geo. E. McCarthy MD Winthrop Mass

Dated at Winthrop Oct 1 1883.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	
2. Name, ...	
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	
4. Color, †	
5. Age, ...	Years, 3 Months, Days.
6. **Disease or Cause of Death,**	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	
8. Place of Death, . . .	
9. Occupation, ...	
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother,	
15. Place of Interment, . .	
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at ....., on ..... 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes. Chap. 32. Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fa required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until t certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, a placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairm of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of de to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon appl tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - Henrietta Barrile

ate and Place of Death, died at Winthrop Mass. 188

sease or Cause of Death, - of Neuralgia of the Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician, H. S. Lovell Winthrop

Date of Certificate, Oct 3 188

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	.....
2. Name, ...	.....
(Maiden Name),* . .	.....
3. Sex, and whether single, Married, or Widowed,	.....
4. Color, †	.....
5. Age, ...	..... Years, Months, Days.
6. **Disease or Cause of Death,**	.....
Duration of Sickness, .	.....
By whom certified, . .	.....
7. Residence, ...	.....
8. Place of Death, . . .	.....
9. Occupation, ...	.....
10. Place of Birth, . . .	.....
11. Name of Father, . .	.....
12. Name of Mother, . .	.....
13. Birthplace of Father, .	.....
14. Birthplace of Mother, .	.....
15. Place of Interment, . .	.....
Signature of Undertaker ~~or other person~~ making the Return, ...	.....

DATED at ....., on ..... 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk o registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fac required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until th certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, an placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause o death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairma of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of deat to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon applic tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot fo good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish th requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-fi dollars.

PHYSICIAN'S CERTIFICATE.

*ne of Deceased,** - - - [illegible]

and Place of Death, - *died at* [illegible] *Sept 7th* *188*[illegible].

ase or Cause of Death, *of* [illegible] *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, [illegible]

Date of Certificate, [illegible] *188*[illegible].

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	December 22 1885
2. Name,	Lois P. Gate
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	2 Years, 10 Months, 17 Days.
6. **Disease or Cause of Death,**	
Duration of Sickness,	
By whom certified,	
7. Residence,	Northfield New Hampshire
8. Place of Death,	Same place
9. Occupation,	
10. Place of Birth,	N. H.
11. Name of Father,	Edwin P. Parks
12. Name of Mother,	Hattie E. Parks
13. Birthplace of Father,	Washington Mass
14. Birthplace of Mother,	Northfield N. H.
15. Place of Interment,	" "
Signature of Undertaker ~~or other person~~ making the Return,	Brunner Floyd

DATED at Northfield, on Sept 23 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Lona F. Pyke

Date and Place of Death, died at Hamilton Septem 23 1885.

Disease or Cause of Death, of [illegible] Duration of Sickness 5 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, [illegible]

Date of Certificate, Sept 1 1885.

*Or Sex of Infant (not named)

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible] 15 [illegible]
2. Name, ...	Emma Mary Johnston
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	F Single
4. Color, †	W
5. Age, ...	24 Years, 6 Months, 27 Days.
6. **Disease or Cause of Death,**	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	[illegible]
8. Place of Death, . . .	[illegible]
9. Occupation, ...	Telegraph Operator
10. Place of Birth, . . .	Shelburne [illegible]
11. Name of Father, . .	Daniel D. [illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	Shelburne [illegible]
14. Birthplace of Mother, .	California [illegible]
15. Place of Interment, . .	Shelburne [illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - Emma W. Johnston

Date and Place of Death, died at Winthrop October 5th 1885

Disease or Cause of Death, - of Consumption Duration of Sickness Seven months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Frank Irvin M.D. Winthrop. Mass.

Date of Certificate, October 6th 1885

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	November 2nd, 1885.
2. Name,	Elizabeth Richardson
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	84 Years, 11 Months, Days.
6. **Disease or Cause of Death,**	Old age
Duration of Sickness,	
By whom certified,	
7. Residence,	Fairhaven Town
8. Place of Death,	Pleasant Street
9. Occupation,	
10. Place of Birth,	
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Riverside Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Lawrence Hoyt

DATED at Fairhaven, on Nov 3rd 1885.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fa required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until t certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, a placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairm of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of de to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon appl tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

PHYSICIAN'S CERTIFICATE.

ame of Deceased, Elizabeth Richardson

ate and Place of Death, died at Westhorp Town 1885

isease or Cause of Death, of Old age Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

, and Residence of Certifying Physician, H. S. Scott Westhorp

Date of Certificate, Feb 1885.

(Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."